

Reference Number: UHB142
Version Number: 3

Date of Next Review: 30th Jan 2021
Previous Trust/LHB Reference Number: T197

Records Management Policy

Policy Statement

To ensure that Cardiff and Vale University Health Board (the UHB) delivers its aims, objectives, responsibilities and legal requirements transparently and consistently in respect of the records it holds. To ensure that the UHB handles and processes all records in accordance with the legal requirements, codes of practice and guidance issued by relevant authorities including, but not restricted, to the Welsh Government and the Information Commissioner's Office.

Policy Commitment

This policy and supporting procedure sets out the overall commitment of the UHB to comply with relevant legislation for handling all the records it creates.

The UHB will follow [the Lord Chancellor's Code of Practice on the management of records](#) issued under section 46 of the Freedom of Information Act 2000. It will ensure that all staff are informed of the importance attached to the way in which records are managed and the relationship of records management to assist in achieving the overall business strategy of the organisation. This policy and supporting procedure will ensure that the UHB have effective systems of record management as recommended within the code to fully comply with all legal requirements placed upon it in respect of records management.

To provide clear direction for the management of all UHB records, including both clinical and corporate records. To address business and performance standards such as the requirement to meet Caldicott standards, Welsh Health and Care Standards Framework, and the Information Governance Toolkit Standards as far as possible in the Welsh context.

Cardiff and Vale University Health Board (the UHB) understands the definition of records to be:

- "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. *Reference BS ISO 15489.1*
- An NHS record is anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of NHS employees including consultants, agency or casual staff." *Reference. Department of Health Records Management: NHS Code of Practice Part 1*

All records held by the UHB fall within the scope of this policy and these are personal (relating to patients, public and employees i.e. clinical/medical records) and corporate (for example financial records, letters, reports) and in electronic, virtual or physical format. It applies to all areas and services within the remit of the UHB.

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| Document Title: Records Management Policy | 2 of 3 | Approval Date: 30 th Jan 2018 |
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| Version Number: 3 | | Date of Publication: 17 th Jul 2018 |
| Approved By: Information Governance Sub Committee | | |

Supporting Procedures and Written Control Documents

This Policy and supporting procedures describe the following with regard to all aspects of

- Records creation
- Records keeping
- Record maintenance
- Access and transfer
- Appraisal
- Archiving
- Storage
- Disposal
- Responsibilities for Records Management

Other supporting documents are:

- Records Management Procedure
- Records Management Retention and Destruction Protocol and Schedule
- [Information Governance Policy](#) and [Framework](#)
- [Data Protection Act Policy](#) and [Procedures](#)
- [Freedom of Information Act Policy](#)
- [IT Security Policy](#)
- [Risk Management Policy](#)
- [Information Risk Management Procedure](#)
- [Guide to Incident Reporting Incident Management Investigation and Reporting. \[Serious incidents\]](#)
- [Electronic and Paper Clinical Results Review and Retention Protocol](#)
- Records Management Code of Practice for Health and Social Care 2016

Scope

This policy applies to all UHB staff whether permanent, temporary, or contracted including students, contractors or volunteers in all locations including those with Honorary contracts.

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| Equality Impact Assessment | An Equality Impact Assessment has been completed for the overarching IG Policy . The assessment found that there was some impact on the equality groups mentioned in relation to communication. An action plan has been developed to address those areas. |
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| Health Impact Assessment | A Health Impact Assessment (HIA) has not been completed as this document falls under the IG Policy. |
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| Policy Approved by | People Planning and Performance Committee |
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| Group with authority to approve procedures written to explain how | Information Governance Sub Committee |
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| this policy will be implemented | |
| Accountable Executive or Clinical Board Director | Medical Director |

Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

| Summary of reviews/amendments | | | |
|--------------------------------------|---|-----------------------|--|
| Version Number | Date Review Approved | Date Published | Summary of Amendments |
| 1 | Date approved by Quality and Safety Committee 16/10/2012 | 24/4/13 | New UHB document previous Trust document reference. |
| 2 | Date Approved by People, Planning and Performance Committee 6/9/16 | | Reviewed and structured into new UHB format |
| 3 | Submitted to IGSC 8/8/17 | 17/07/18 | Only change relates to the retention schedules due to the new retention arrangements in NHS England. Recommended by IGSC 8/8/17 for submission to R&D committee formal approval. |
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