



Records Management Policy

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1. Introduction

All Health and Social Care (HSC) records are public records under the terms of the Public Records Act (NI) 1923. It is a statutory requirement for all HSC organisations to implement records management as set out in the Public Records Act (NI) 1923 and in the Disposal of Documents (NI) Order (1925)

The Patient Client Council (PCC) Records Management Policy sits within the context of the PCC overarching information governance policies and procedures. The policy sets out the responsibilities and processes for ensuring good management of records, in line with legislation and the business requirements of the PCC.

In particular, this Records Management Policy:

- Outlines the requirements for the PCC records management system and processes;
- Sets out the responsibilities for records management within the PCC;
- Should be considered alongside the Department of Health (DoH) publication 'Good Management Good Records' (GMGR) 2018 (and subsequent updates) which has been officially adopted as the PCC Retention and Disposal Schedule.

2. Policy Statement

Information is a corporate asset and the records of the PCC are vital to the organisation's current and future work, for the purposes of accountability, and for an awareness and understanding of its history. These records are the corporate memory of the PCC.

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

Systematic records management is fundamental to the PCC's business. It ensures that the correct information is:

- Captured, stored, retrieved and destroyed or preserved;
- Fully utilised to meet current and future needs;

- 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 purpose and aim of this policy and subsequently the records management system in the PCC is to ensure:

- The systematic and consistent control of all records (hard copy and electronic) throughout their lifecycle from creation to disposal;
- That records are organised in a planned file structure, to increase efficiency by improving the flow of information, and supporting improved information retrieval methods.
- That records are accessible to enable well-informed and appropriate judgements and decisions to be made;
- That records are kept securely and protected from accidental loss, destruction and unauthorised access;
- That records are kept for no longer than is necessary, in accordance with legal and professional obligations and in line with DoH Good Management Good Records (GMGR).
- Awareness of the importance of records management and the need for responsibility and accountability at all levels.

4. Scope

“Good Management Good Records” defines a record as *“information that has been received, created or maintained by an individual or an organisation as evidence of a business activity, patient/client care, treatment given, treatment planned and can be in any format – paper, electronic, digital and/or voice.”*

In the context of this policy, a record is anything which contains information (in any media, including emails) which has been created, collected, processed, used, stored and/or disposed of by PCC employees as well as those acting as its agents in the course of PCC business. As such it also includes all records that transferred from the legacy Health and Social Care Councils to the PCC, in line with the Health and Social Care Reform Act (Northern Ireland) 2009.

This policy applies to all PCC staff. In this document, the term, 'all staff' refers to regular full-time, regular part-time, contractors, consultants, agency staff and temporary employees.

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

- Data Protection and Confidentiality Policy
- Freedom of Information Policy
- Information Governance Policy
- ICT Security Policy and associated Policies
- Risk Management Policy
- DoH "Good Management Good Records" (GMGR) and subsequent updates.

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.
- Using appropriate and agreed reference codes that can facilitate the tracking and recall of both paper and electronic records (as appropriate), and eventually align with a single PCC records management system.
- 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 is being used correctly and that records are traceable and reviewed.
- Ensuring good records management practice is applied to all files (business/corporate and patient/client/staff files) through all the

stages of the record lifecycle from creation to disposal. All PCC staff have a responsibility to ensure records are retained and ultimately destroyed in accordance with this guidance.

5.1. Records Held by the PCC

The PCC holds a range of records relating to client contacts, policy and corporate business, both in respect of the work of the PCC from its establishment in 2009, and records that transferred from the legacy Health and Social Care Councils.

The majority of records held are electronic. However some hard copy records are still retained, in the PCC offices. The PCC aims to transfer all hard copy records that should be retained, in line with the retention and disposal schedule, to a digital format.

Electronic records are held on either ALEMBA, the electronic case management system or the PCC core file shares (the 'P' drive).

6. Retention and Disposal of Records

The PCC formally adopts the DoH "Good Management Good Records" as its retention and disposal schedule. All records (all media) should be retained and disposed of in accordance with this retention and disposal schedule.

The disposal of records will be in line with the PCC procedure, and a record of all disposals will be retained.

7. Accountability

All records created by the PCC are public records as defined in the Public Records Act (NI) 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.

7.2 Roles and Responsibilities within the PCC

The **Council** has overall responsibility to ensure compliance in all areas of information governance, including records management.

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

The **Head of Development and Corporate Services** is responsible for ensuring that effective systems and processes are in place to address the information governance agenda, including records management

The **Senior Information Risk Owner (SIRO)** is the focus for the management of information risk. 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.

The **Personal Data Guardian (PDG)** has responsibility for ensuring that the PCC processes satisfy the highest practical standards for handling personal data. The PDG is the 'conscience' of the organisation in respect of patient/client 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/client/service user information.

The **Data Protection Officer (DPO)** is the first point of contact for the ICO in respect of data protection and for individuals who have any concerns about how their personal data is being held or processed by the PCC.

The **Information Asset Owners (IAO's)** primary role is to manage and address risks associated with the information assets within their function and to provide assurance to the SIRO on the management of those assets.

All PCC Staff have a responsibility to comply with this records management policy and associated procedures. In particular all PCC staff are responsible for:

- Ensuring they have a clear understanding of records management and demonstrate commitment to duties relating to record keeping;
- Creating records which are consistent, reliable, accurate and complete;
- Capturing records which authentically document activities in the course of which they were produced;
- Accessibility of a record: filing records correctly in the appropriate area of the PCC's filing system;
- Applying security and access controls to records where appropriate;
- Identifying and applying appropriate disposal and retention periods to records and only destroying records in accordance with the PCC disposal schedule (GMGR) and associated procedures.

The **Information Governance Group (IGG)** is responsible for maintaining the accuracy and relevance of this policy and providing assurance to PCC's Executive Management Team as to its implementation and effectiveness. Members of the IGG will work closely with all staff to ensure that there is consistency in the management of records and that advice and guidance on good records management practice is provided throughout the organisation.

The **PCC Business Committee** has responsibility for providing the Council with an independent and objective review of information governance processes.

The **PCC Executive Management Team (EMT)** will receive updates on information governance matters (including records management) on both a formal and informal basis via the Head of Development and Corporate Services/SIRO. The PDG will also report on matters relating to patient identifiable information where appropriate.

8. Monitoring Compliance

Compliance with this policy and associated procedures will be monitored by audits of sample records, as overseen by the Head of Development and Corporate Services. 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 PCC;

- 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 better achieved.

9. Review of Policy

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

This policy will be kept under review by the Information Governance Group, with a formal policy review after 5 years or earlier if relevant guidance is issued. The outcome of any 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 for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998.

The screening has identified specific equality impacts and outlines the way that these will be addressed. No significant equality implications have been identified therefore the policy will not be subject to an equality impact assessment.

The equality screening has been published and can be accessed here <http://www.hscbusiness.hscni.net/services/2166.htm>