

Administrative Records Policy

Security, Storage, Distribution and Retention of Administrative Records, Paper and Electronic

Author:	Board Secretary
Responsible Lead Executive Director:	Director of Public Health and Health Policy
Endorsing Body:	Information Governance Committee
Governance or Assurance Committee	Healthcare Governance Committee
Implementation Date:	December 2024
Version Number:	11
Review Date:	July 2027
Responsible Person	Board Secretary

CONTENTS

- I) Consultation and Distribution Record
- ii) Change Record

1. INTRODUCTION

2. AIM, PURPOSE AND OUTCOMES

3. SCOPE

3.1 Who is the Policy Intended to **Benefit or Affect**

3.2 Who are the **Stakeholders?**

4. PRINCIPLE CONTENT

5. ROLES AND RESPONSIBILITIES

6. RESOURCE IMPLICATIONS

7. COMMUNICATION PLAN

8. QUALITY IMPROVEMENT – MONITORING AND REVIEW

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

10. REFERENCES

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	A. McLean, Interim Board Secretary
Consultation Process / Stakeholders:	<p>J. Gardner, Chief Executive</p> <p>M. Breen, Director of Finance</p> <p>C. Deighan, Executive Medical Director</p> <p>E. Docherty, Executive Nurse Director</p> <p>J. Pravinkumar, Director of Public Health and Health Policy</p> <p>C. Lauder, Director of Planning, Property and Performance</p> <p>R. Coulthard, Director of Acute Services</p> <p>J. Jones, Director of Human Resources</p> <p>C. Rae, Chief Officer, North Lanarkshire Health and Social Care Partnership</p> <p>S. Sengupta, Director, South Lanarkshire Health and Social Care Partnership</p> <p>S. Stewart, Employee Director</p> <p>M. Lees, Chair, Area Clinical Forum</p> <p>C. Brown, Director of Communications</p>
Distribution:	All Corporate Management Team members

CHANGE RECORD

Date	Author	Change	Version No.
October 2014	N. Agnew	Updated Housekeeping & change to NHSL Format	2
March 2016	N. Agnew	Name of Responsible Lead Executive and Endorsing	3
		Director and Endorsing Body changed on front cover	
March 2017	N. Agnew	Updating of Consultation/Distribution Record	4
		Updating of Responsible Lead Executive	
		Replacement of Risk Management Steering Group in paragraph 8.1 with Corporate Management Team	4
July 2017	N. Agnew	Added 3 new bullet points at start of paragraph 4.6 to reflect the product of Gap Analysis work	5
June 2018	P. Cannon	Updated to reflect current data	5
March 2019	P. Cannon	Updated to reflect current structure, housekeeping and UK Infected Blood Inquiry	6
November 2019	P. Cannon	Updated to allow clinicians to take Health Records outside the base location subject to a risk assessment and approval by the manager ensuring adherence to current data protection legislation, Caldicott and NHS Lanarkshire policies and procedures	7
July 2021	P. Cannon	Stakeholder list updated	8
June 2022	P. Cannon	Updated to reflect the Scottish Government Records Management Guide (health and social care code of practice (Scotland) 2020) and post Brexit GDPR guidance.	9
August 2024	P. Cannon	Stakeholder list updated	10
October 2024	A. McLean	Stakeholder list updated and Updated to reflect the Scottish Government Records Management Code of Practice for Health and Social Care (Aug 2024)	11

1. **INTRODUCTION**

- 1.1 NHS Lanarkshire recognises the importance of effective Administrative Records Management in both paper and electronic format. It will ensure that all Administrative Records are readily accessible and available for use, stored, distributed, archived and disposed of in accordance with UK-GDPR (General Data Protection Regulation), Data Protection Act 2018, Freedom of Information Scotland Act (2002), the Public Records (Scotland) Act 2011, NHS Scotland Information Governance Standards, HDL (2006) 28, the Scottish Government Records Management Code of Practice for Health and Social Care v4.0 (2024) and best practice.

2. **AIM, PURPOSE AND OUTCOMES**

- 2.1 This document aims to set out the policy to be adhered to in relation to Administrative Records Management in NHS Lanarkshire (NHSL) taking into consideration:
- Access, Storage & Retrieval
 - Retention & Destruction Schedules
 - Confidentiality
- 2.2 NHSL must comply with the **UK - General Data Protection Regulation, Data Protection Act 2018, the Freedom of Information (Scotland) Act 2002, the Public Records (Scotland) Act 2011, and Scottish Government Records Management Code of Practice for Health and Social Care v4.0 (2024)** which specify measures which must be taken by users of information to ensure that it is acquired, held, used and transferred/disposed of in accordance with best practice.
- 2.3 The implementation of the policy will:
- Follow the principles of the General Data Protection Regulation and NHS Scotland Information Governance Standards;
 - Adhere to the principles of the Freedom of Information (Scotland) Act 2002 and the Public Records (Scotland) Act 2011;
 - Reflect the guidance issued through the Scottish Government Records Management Code of Practice for Health and Social Care v4.0 (2024); and
 - Be subject to appropriate levels of quality assurance and monitoring.

3. **SCOPE**

This Policy applies to all staff and relates to both electronic and paper record and is supported by a range of Information Assurance Policies, which are accessible through the Corporate Policies Site: Firstport>Resources>Policies.

4. **PRINCIPAL CONTENT**

4.1 Working Definition:

'Record: '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 (DOH NHS Code of Practice 2006)'.

These records include:

- Administrative Records E.g. Personnel, Estates, Financial
- Computer databases, output, e-mails and all other electronic records

4.2 Good record keeping ensures that:

- Information is available, accurate and up to date.
- Records are kept in a structured filing system ensuring information is easily accessible
- and retrievable.
- Those coming after can see what has been done, or not done and why, and
- Any decisions made can be justified or reconsidered at a later date

4.3 This is vitally important in cases such as:

- Parliamentary accountability
- Purchasing and contract or service agreement management
- Financial accountability and
- Disputes or legal action
- Within Public Health, it is important for follow-up of patients in public health and public health incidents/outbreaks, and ensuring that information is available for audit review and epidemiological purposes

4.4 It is therefore vital that staff always:

- Record any important and relevant information, making sure that it is complete
- Ensure that it is legible so that it can easily be read and reproduced when required
- Put it where it can be found when needed
- Keep it up to date
- Suitably dispose of records as soon as possible (subject to local and national retention requirements)

4.5 NHSL records must never be left insecure and/or unattended. Security and confidentiality applies to all non-medical records. Where records have to be transported, the procedure outlined in the Policy for the Transfer of Patient Identifiable/Commercially Sensitive Data will be adhered to.

- 4.6 Staff need to risk assess what materials containing personal identifiable information (PII) they take home (and other locations out with Board premises) such as paper records, diary, etc. which relate to patients or staff. Also, refer to the other NHS Lanarkshire policies regarding [Home Working](#) and [Transfer of Person Identifiable/Commercially Sensitive Data](#) for further advice.
- 4.7 The following must be adhered to in routine management of all Records.
- All Administrative Records should be entered into the Board's Information Asset Register and have an assigned Information Asset Owner.
 - The Board Secretary should be contacted in the first instance for advice on how existing administrative records should be classified following the RICS protocol
 - All new record systems created under this policy and supporting operational guidance notes must follow the RICS protocol. The Board Secretary must be contacted for advice and guidance.
 - Staff must have confidentiality issues, including the General Data Protection Regulation and the Caldicott principles explained at induction and sign a confidentiality form.
 - Information held on computer must only be accessed by authorised users with all major systems being password protected.
 - Access to computer systems is granted to users according to duties and level of responsibility.
 - Levels of access must be agreed by the Departmental Manager and the EHealth Manager.
 - Passwords must be changed regularly. Please refer to the NHS Lanarkshire [Information Security Policy - Safe Use of Passwords](#) policy for further advice on this .
 - Passwords must not be shared.
 - The Digital Services Department regularly audits user access.
 - Confidential information must not be left on computer screens. Password controlled screen-savers should be utilised for added protection.
 - No person identifiable information should be transmitted externally via email, viz: beyond the NHS, unless approved encryption procedures are in place. Further information on this can be found in NHS Lanarkshire's [Email Policy](#)
 - Information passed between the Health Board and other partner agencies should be in accordance with Data Sharing Protocols.

- Staff must take all reasonable precautions to ensure security and confidentiality if records have to be transported. Refer to the Policy <https://www.nhslanarkshire.scot.nhs.uk/download/transfer-of-patient-identifiable-commercially-sensitive-data-policy/>
- All confidential documentation which has to be destroyed should be managed in accordance with local confidential waste disposal procedures.
- Records transferred on to other organisations must be accompanied by the advice contained in the Policy for the Transfer of Patient Identifiable/ Commercially Sensitive Data.

4.8 Where the scanning into electronic format, records which exist in paper format for reasons of business efficiency is proposed, the factors to be taken into account include:

- The costs of the initial and then any later media conversion to the required standard, bearing in mind the length of the retention period for which the records are required to be kept
- The need to consult in advance with NHS archivists or the National Archives of Scotland with regard to records which may have archival value, as the value may include the form in which it was created; and the need to protect the evidential value of the record by copying and storing the record
- In accordance with British Standards, in particular the “Code of Practice for Legal Admissibility and evidential weight of information stored electronically” (BIP 0008) and the Document Scanning: Guide to Scanning Business Documents (PD 00 16) which provides guidance to evaluate scanners to user requirements.

4.9 In order to fully realise business efficiency, organisations should consider securely disposing of paper records that have been copied into electronic format and stored in accordance with appropriate standards and the need to dispose of records in accordance with the retention schedule. Advice should be sought from the organisation’s Records Managers or Information Governance Manager, NHS Scotland archivists or the National Archives for Scotland.

4.10 Classification of Documents

- 4.10.1 In order to protect the security of documented information and correspondence the following guidelines in relation to the classification of documents should be followed. The definitions for prefix classifications are as follows: -

MANAGEMENT -	Material concerning policy and planning affecting the interests of groups of staff, the premature disclosure of which would be against the interest of the Board.
STAFF -	Material containing references to named or identifiable officers which should not be seen by them or personal confidences entrusted by staff to management which there is a duty to respect and protect. Material in relation to pay and/or performance.
COMMERCIAL -	Material relating to a commercial undertaking's processes or affairs, whether or not provided by it, which may be of commercial value to competitors or speculators.
CONTRACTS -	Material concerning tenders either under consideration and/or the terms of tenders accepted.

4.10.2 The definitions of each classification are as follows: -

IN CONFIDENCE -	Material not intended for public knowledge or for wide circulation but which managers may circulate on a limited basis at their discretion.
IN STRICT CONFIDENCE -	Material which is particularly sensitive and which should be circulated on a 'need to know' basis only.
PERSONAL OR PERSONAL AND IN STRICT CONFIDENCE -	Material which is of a personal nature about individuals or groups of staff.

4.10.3 The procedures to be adopted in relation to each classification are: -

IN CONFIDENCE -	<p>To be passed unopened to the addressee or to those authorised to open such mail on his/her behalf.</p> <p>May be photocopied subject to reasonable care.</p>
IN STRICT CONFIDENCE -	<p>to be passed unopened to the addressee designated deputy or personal secretary authorised to open such mail.</p> <p>Not normally photocopied unless to fulfil a specific task and then under secure conditions.</p>

PERSONAL FOR	To be passed unopened to addressee.
PERSONAL AND IN STRICT CONFIDENCE	Not to be photocopied except with the express permission of the author.

4.11 Record Retention & Destruction

- 4.11.1 The destruction of any record is an irreversible act and must comply with all legislative minimum retention period requirements set out in the *Scottish Government Records Management Code of Practice for Health and Social Care v4.0 (2024)*. Please refer to Annexe B: Records Retention Schedule as well as Section 4.13.2 within the Code itself, for detailed guidance and schedules.

[Records Management Code of Practice for Health and Social Care v4.0 \(www.gov.scot\)](https://www.gov.scot/records-management-code-of-practice-for-health-and-social-care-v4-0)

- 4.11.2 Recommended minimum retention periods should be calculated from the end of the calendar or accounting year following the last entry on the document. Retention periods outlined are '*minimum recommendations*' only and discretion should always be applied before destruction of any document. –

- With effect from 1 January 2005 a record of documents which have been destroyed must be kept in compliance with FO1(s) Act 2002.
- Documents of historical importance **must not** be destroyed and should be marked clearly to that effect.
- If in doubt about the classification of the record, refer to your head of department, who in turn may seek advice from the Head of Health Records.
- Where records are being retained, the Head of the Department concerned must ensure that they are boxed and clearly labelled showing *the type of material stored, the date of storage and the destruction date*, where appropriate, and that their location, and means of access are known.
- Some classes of document must be permanently preserved and the advice of the local NHS archivist, NAS (National Archives of Scotland) or the Scottish Government Health Directorates about an appropriate place of deposit should be obtained.
- In accordance with Principle (e) of the General Data Protection Regulation, all records will be subject to regular review to ensure that they remain appropriate for retention. A system that supports such reviews will be established in all records storage locations to ensure that dated records are appropriately managed.

- Administrative records will be destroyed securely using an NHS Lanarkshire approved contractor, destruction certificates obtained and retained along with a register kept of records destroyed.
- A record of all administrative records destroyed will be maintained by the manager.
- Additional checks prior to destruction to identify records relevant to the UK Infected Blood Inquiry are:
 - Records belonging to Blood Transfusion and Infectious Diseases (University Hospital Monklands) must not be destroyed.
 - A check that it does not relate to blood, tissue transplants, and infectious diseases will be made. Any relevant records will then be subject to further checks and authority to destroy provided by the appropriate Director. To facilitate this a list of key words will be provided.

4.11.3 Additional Considerations

4.11.4 Effective and efficient management of records must be considered during the following:

- Closure of a service
- Relocation of facilities
- Demolition / unexpected loss of buildings
- Fire and flood

5. **ROLES AND RESPONSIBILITIES**

- 5.1 The management of Administrative Records and the confidentiality of the information contained within it is the responsibility of all staff. Accountability for Administrative Records Policy implementation, compliance and monitoring is as follows:

5.1.1 Chief Executive

Will ensure that there is an effective policy relating to the management of administrative records.

5.1.2 Board Secretary

Reporting to the Director of Public Health and Health Policy, the Board Secretary is the designated Senior Managers for Administrative Records Management, and will be responsible for co-ordinating the implementation of this policy throughout NHS Lanarkshire.

5.1.3 Operational Directors (Acute and Health and Social Care Partnerships)

- Will oversee the effective implementation of the Administrative Records Policy within their area of responsibility.

5.1.4 Hospital Site Directors/General Managers /Clinical Leads/Service Managers/Senior Nurses

- Are responsible for implementing the policy.
- Will ensure that staff in their areas of responsibility are aware of, and understand this policy.
- Will ensure that all staff implements best practice in accordance with this policy.
- Will implement and maintain relevant procedure manuals.
- Will ensure that systems are in place to report, record on Datix and investigate failure to comply with this policy and those supporting procedures.
- Will identify training needs and ensure staff are appropriately trained in Administrative Records Management.

5.1.5 Administrative Support Staff

Will adhere to this policy and supporting procedures, and record on Datix any information assurance breaches.

6. **RESOURCE IMPLICATIONS**

- 6.1 Any additional resource will be identified locally and will be funded locally. There is no additional staff resource required to implement this Policy.
- 6.2 There is a comprehensive training programme for information governance in NHSL, and the management of records will become integral to this programme and local induction/orientation.
- 6.3 Staff will receive further training as deemed appropriate by their departmental manager and this will be recorded in their e KSF.

7. **COMMUNICATION PLAN**

- 7.1 This policy will be managed through the Corporate Policies intranet site and will be communicated on through the Staff Briefing.

8. **QUALITY IMPROVEMENT – Monitoring and Review**

- 8.1 The Policy will be subject to review every 2 years or earlier if in response to any legislative change. A regular audit will be undertaken by the internal auditors on compliance with this Policy. The Chief Executive will be responsible for the audit arrangements through the Board's Information Governance Committee. Areas to be targeted will be in accordance with the Boards' and auditor's assessment of level of potential risk. The NHS Lanarkshire Corporate Management Team will, as appropriate, review audit reports and action plans.

9. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

- 9.1 This policy meets NHS Lanarkshire's EDIA

N/A

(Tick box)

10. **Summary or Frequently Asked Questions (FAQs)**

- 10.1 NHS Lanarkshire has a responsibility to comply with all relevant legislation that will ensure effective management of administrative records, and where this is breached, will be able to report, record, investigate incidents and make improvement as necessary.
- 10.2 Every staff member has a responsibility to treat patient, staff, commercial and contractual information, both paper and electronic, as confidential, which means following the NHSL policies and applying good practice when accessing and managing information.

11. **REFERENCES**

General Data Protection Regulation 2018
Data Protection Act 2018
Freedom of Information (Scotland) Act 2002
Public Records (Scotland) Act 2011
NHS Scotland Information Governance Standards
Scottish Government Records Management Code of Practice for Health and Social Care v4.0 (2024)