Corporate policy
Records Management Policy

Issue sheet

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<td>NHS Business Services Authority Records Management Policy</td>
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<tr>
<td>Author</td>
<td>Rachel Hardiman</td>
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Revision details

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Amended by</th>
<th>Approved by</th>
<th>Details of amendments</th>
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</table>
| Initial Release | 4.09.2007  | -                  | IGSG        | In 4.4 add "implemented (which includes providing effective training)" between "co-ordinated" and "monitored"."
                                       |             |                    | Add to the end of the sentence in 8.3 the following ", who will review the results and take appropriate remedial action". |
| Version 2       | 02.02.2011 | Rachel Hardiman    | IGSG        | • Sections 1.5 and 1.6: minor amendments for clarity. Section 1.7 expanded to show other documents related to or governed by the Policy.  
                                       |             |                    | • Sections 2.1 and 2.2: minor amendments for clarity. Section 2.3 on records lifecycle deleted, since RM at the BSA is based on the Continuum model. Old Sections 2.4 and 2.5 renumbered 2.3 and 2.4. 2.3 (old 2.4) expanded to refer to responsibilities |
under Public Records Act.
• Section 3.1: expanded for clarity.
  Bullet point on Security amended to refer to Business Recovery plans.
• Section 4.4: amended for name change (IGM to HoIG) and to clarify oversight competencies. Section 4.6: expanded to lay out staff responsibilities in more detail.
• Section 5.1: minor amendments to include further relevant legislation. New Section 5.2 to relate Policy compliance to the tools, guidance, and frameworks in Section 1.7.
• Section 6.1: minor amendment for clarity.
• Sections 7.1 and 7.2: minor amendments for clarity. New Section 7.3 on framework for updating retention schedule.
• Section 8.1: minor amendment for clarity.

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<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Version 3</td>
<td>10.03.2014</td>
<td>C Dunn &amp; C Gooday</td>
<td>RMF  Amended to reflect PCI DSS Compliance</td>
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<tr>
<td>Version 4</td>
<td>31.03.2015</td>
<td>C Gooday</td>
<td>RMF  Added Public Sector Pension Act to 5.1</td>
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<td>21.03.2016</td>
<td>C Gooday</td>
<td>RMF  Annual Review</td>
</tr>
<tr>
<td>Version</td>
<td>17.11.2017</td>
<td>C Gooday</td>
<td>RMF  Update to reflect GDPR obligations and restructured to meet requirements of ISMS</td>
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1. Policy Summary

1.1. This policy promotes the effective management and use of information, recognising its value and importance as a resource for delivering NHSBSA objectives.

2. Introduction

2.1. The NHSBSA’s records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the NHSBSA and the rights of patients, staff and members of the public. They support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.

2.2. The NHS Business Services Authority (NHSBSA) has a legal obligation to comply with all appropriate legislation in respect of managing records. It also has a duty to comply with guidance issued by NHS England, NHS Digital, other advisory groups to the NHS and guidance issued by professional bodies.

3. Scope

3.1. This policy applies to all employees, Non-executive Directors, contractors, agents, representatives and temporary staff working for or on behalf of the NHSBSA. These will be referred to as Staff in the remainder of this policy.

3.2. The policy applies to all aspects of records whether internally or externally generated and in any format or media type, and all actions relating to those records including:

- record creation;
- record keeping;
- record maintenance (including tracking of record movements);
- access and disclosure;
- closure and transfer;
- appraisal;
- archiving; and
- disposal

4. Objectives

4.1. The objectives of this policy are:

- To assist compliance with the General Data Protection Regulation EU 2016/679 (GDPR) and information access legislation such as the Freedom of Information Act 2000, Data Protection legislation, Environmental Information Regulations and applicable NHS Standards.
- To ensure the better use of physical and electronic records storage.
• Enable the better use of staff time.
• Provide improved control of valuable information resources.
• Ensure awareness and understanding of the NHSBSA history, in particular, changes in procedures and the reasons for them.

5. Key outcomes (or Expected Results)

5.1. Records will be kept no longer than necessary to meet business and legislation requirements.

5.2. NHSBSA will respect the information rights of customers and staff and thereby maintain a good reputation with customers, staff and stakeholders regarding its handling of the large volume of personal information it processes.

5.3. NHSBSA will avoid regulatory enforcement action, together with the associated complaints, negative publicity, the cost of changing work practices and possible fines and compensation claims.

5.4. NHSBSA will be able to make use of information records in a timely manner to ensure business research and operational information needs are met.

6. Principles

6.1. NHSBSA aims to be open and transparent when processing and using personal and sensitive data by ensuring we follow the Data Protection Principles of good data handling as described in Article 5 of the GDPR:

• All of the NHSBSA’s records are retained for a minimum period of time for legal, operational and safety reasons. The length of time for retaining records will depend on the type and context of record and its importance to the NHSBSA’s business functions.

• Records which contain identifiable personal data will be kept no longer than necessary for the authorised business purposes. This will ensure the Storage limitation principle of the General Data Protection Regulation (GDPR) is met.

6.2. A Records Retention Schedule will be maintained to record business decisions of how long records will be retained and confirm when records will be disposed of. This will be made available to staff and the public.

6.3. The Records Management System will be managed in accordance with the Records Management Standard.

6.4. The security of records will be governed by the Information Security Policy.
6.5. The NHSBSA will annually audit its records management and recordkeeping practices to ensure compliance with Payment Card Industry Data Security Standard (PCI DSS) where it is required.

7. Responsibilities

7.1. Data Protection Officer

The Data Protection Officer responsibilities include:

- All responsibilities detailed in the Information Governance Policy.
- Ensure the NHSBSA has appropriate strategies in place to effectively manage corporate records.
- Ensure the development and implementation of NHSBSA corporate document retention and destruction policies, ensuring arrangements are in place to monitor compliance.
- To ensure that core standards in the creation, use and storage of records are implemented.
- To provide expert guidance and advice on records management issues to all NHSBSA staff.
- Agree changes to records retention periods and ensure these are documented in the Records Retention Register.
- Appropriately delegate these responsibilities to the Information Governance Team.

7.2. Information Asset Owners

All Information Asset Owners across the whole of the NHSBSA are directly responsible for:

- All responsibilities detailed in the Information Governance Policy.
- Ensuring that records controlled within their area are managed in a way which meets the aims of the NHSBSA’s records management policies.
- Be fully aware of which records are vital to the continuation of their business service and take appropriate measures to ensure their continued availability in a business continuity situation.
- Involve the Information Governance team at an early stage in assessing the impact of any changes in the management of records.
- Appropriately delegate these responsibilities to their Staff.

7.3. All Staff

All staff are directly responsible for:

- Meeting the responsibilities and principles detailed in the Information Governance Policy.
• Managing all records that they use or create in the course of their duties to ensure they meet the requirements of this policy and any guidance provided.
• Ensuring that they do not create information outside of NHSBSA authorised systems and equipment.
• Not recording business information in systems that do not allow a record to be kept or accessed at a later date such has NHS Mail Instant Messaging.
• Being aware that it is a criminal offence to:
  • alter, deface, block, erase, destroy or conceal any personal data to prevent disclosure which is held by NHSBSA.
  • to seek to re-identify individuals from anonymised information without authorisation by the NHSBSA.
  • To steal Personal data, for example keeping personal data they had access to in their role after leaving the NHSBSA.

8. Related policies

8.1. This policy follows:
• Information Governance Policy
• Data Protection and Confidentiality Policy

The NHSBSA strategy, policy, and guidance documents governed by or related to this policy are:

• Information Security Policy
• NHSBSARM002 Records management strategy
• NHSBSARM012 Corporate records retention schedule
• NHSBSARM015 Corporate records management guidance

9. Penalties

9.1. Any user who violates this Records Management Policy document will be subject to disciplinary action.