The Scottish Ambulance Service

RECORDS MANAGEMENT POLICY

Version 2.00

DOCUMENT CONTROL SHEET:

The Policy will be reviewed bi-annually and also updated when required taking into account any new legislation and the operational requirements of SAS.

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SAS Documents Storage, Disposal and Retention Policy

Equality and Diversity Impact Assessment:

Completed - No equality and diversity impacts identified

1. Introduction

1.1. Records Management is the process by which the Scottish Ambulance Service manages all the aspects of records whether internally or externally generated and in any format or media type, from their creation, all the way through their lifecycle to their eventual disposal.

1.2. The Scottish Government Records Management Health & Social Care Code of Practice (Scotland) 2020 has been published as a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in Scotland. It is based on current legal requirements and professional best practice.

1.3. The Scottish Ambulance Service'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 Service 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.

1.4. The Scottish Ambulance Service Board has adopted this records management policy and is committed to ongoing improvement of its records management functions as it believes that it will gain a number of organisational benefits from so doing. These include:

- the right information is available at the right time;
- supporting the day to day business that underpins delivery of healthcare;
- better use of physical and server space;
- better use of staff time;
- improved control of valuable information resources;
- compliance with legislation and standards; and
- reduced costs.

1.5. The Scottish Ambulance Service also believes that its internal management processes will be improved by the greater availability of information that will accrue by the recognition of records management as a designated corporate function.

1.6. This document sets out a framework within which the staff responsible for managing the Service's records can develop specific policies and procedures to ensure that records are managed and controlled effectively, and at best value, commensurate with legal, operational and information needs.

2. Scope

2.1. This policy relates to all clinical and non-clinical records held in any format by the Service. These include:

- all administrative records (e.g. personnel, estates, financial and accounting records, notes associated with complaints); and
- all patient health records (PRFs - paper or electronic, ECG printouts, Emergency Care Summary etc.)

3. Definitions

3.1. In this policy, **Records** are defined as 'recorded information, in any form, created or received and maintained by the Service in the transaction of its business or conduct of affairs and kept as evidence of such activity'.

3.2. **Records Management** is a discipline which utilises an administrative system to direct and control the creation, naming, version control, distribution, filing, retention, storage and disposal of records, in a way that is administratively and legally sound, whilst at the same time serving the operational needs of the Service and preserving an appropriate historical record. The key components of records management are:

- record creation (including the naming of the record);
- record keeping (including file classification, structure and protection);
- record maintenance (including tracking of record movements);
- access and disclosure;
- closure and transfer;
- appraisal;
- archiving; and
- disposal.

3.3. The term **Records Life Cycle** describes the life of a record from its creation/receipt, capture and classification, through the period of its 'active' use, then into a period of 'inactive' retention (such as closed files which may still be referred to occasionally), review, and finally disposal, either through secure destruction or archival preservation.

3.4. **Information** is a corporate asset. The Service's records are important sources of administrative, clinical, evidential and historical information. They are vital to the Service to support its current and future operations (including meeting the requirements of the Public Records (Scotland) Act 2011, Data Protection Act 2018, Freedom of Information (Scotland) Act 2002) and Environmental Information (Scotland) Regulations 2004), for the purpose of accountability, and for an awareness and understanding of its history and procedures.

4. Roles and Responsibilities

4.1. The **Chief Executive** has overall responsibility for records management in the Service. As the accountable officer they are responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Records management is key to this as it will ensure appropriate, accurate information is available as required.

4.2. The Service's **Caldicott Guardian** has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

4.3. The Service's **Records Management Officer and the Information Governance Committee** are responsible for ensuring that this policy is implemented and that the records management system and processes are developed, co-ordinated and monitored.

4.4. The **Records Management Officer** is responsible for the overall development and maintenance of health records management practices throughout the Service, in particular for drawing up guidance for good records management practice and promoting compliance with this policy in such a way as to ensure the easy, appropriate and timely retrieval of patient information.

4.5. **All Service staff**, whether clinical or non-clinical, who create, receive and use records have records management responsibilities. In particular, all staff must ensure that they keep appropriate records of their work in the Service and manage those records in keeping with this policy and with any guidance subsequently produced.

5. Legal and Professional Obligations

5.1. All NHS records in Scotland are Public Records under the Public Records (Scotland) Act 2011. The Service will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: NHS Code of Practice (SCOTLAND), and any new legislation affecting records management as it arises, in particular:

- The Public Records (Scotland) Act 2011;
- The Data Protection Act 2018;
- The Freedom of Information (Scotland) Act 2002;
- The Access to Health Records Act 1990;
- The Environmental Information (Scotland) Regulations 2004;
- The Human Rights Act 1998;
- The Electronic Communications Act 2000;
- The Common Law Duty of Confidentiality; and
- The NHSScotland Protecting Patient Confidentiality Code of Practice.

6. Aims of a Records Management System

6.1. The aims of the Service's Records Management System are to ensure that:

- Records are available when needed – from which the Service is able to form a reconstruction of activities or events that have taken place;
- Records can be accessed – records and the information within them can be located and displayed in a way consistent with its initial use, and that the current version is identified where multiple versions exist;
- Records can be interpreted – the context of the record can be interpreted: who created or added to the record, and when, during what business process, and how the record is related to others;
- Records can be trusted – the record reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated;
- Records can be maintained through time – the qualities of availability, accessibility, interpretation, and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format;
- Records are secure – from unauthorised or inadvertent alteration or erasure, that access and disclose are properly controlled and audit trails

will track all use and changes, to ensure that records are held in a robust format which remains readable for as long as records are required;

- Records are retained and disposed of appropriately – using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservation of records with archival value; and
- Staff are trained – so that all staff are made aware of their responsibilities for record-keeping and record management

7. Registration of Information Assets

7.1. All information assets, which includes groups of records, must be registered on the Information Asset Register (IAR).

7.2. The Information Asset Register collects information about assets relating to all aspects of information governance, including records management, information compliance, data protection, and risk management.

7.3. The Register is maintained by the Information Governance Team and new assets are added by Information Champions in each division/department.

8. Storage, Retention & Disposal of Records

8.1. The Documents Storage, Retention & Disposal Policy describes the context of record keeping within SAS and discusses the obligations of the Service to create, store, maintain, review, and dispose of records appropriately.

8.2. It is a fundamental requirement that all of the Service's records are retained for a minimum period of time for legal, operational, research and safety reasons. The length of time for retaining records will depend on the type of record and its importance to the Service's business functions.

8.3. The Service has adopted the retention periods set out in the Scottish Government Records Management Health & Social Care Code of Practice (Scotland) 2020.

8.4. The Documents Storage, Retention & Disposal Policy will be reviewed bi-annually.

9. Audit & Training

9.1. Regular audits will be carried out by external auditors on compliance with the Service's policy on records. Areas to be targeted will be in accordance with the auditors' assessment of level of potential risk to Scottish Ambulance Service business.

9.2. The Director of Finance will be responsible for audit arrangements. Audit reports and any remedial action plans will be passed to Scottish Ambulance Service Audit Committee

9.3. Staff will receive training as deemed appropriate by their departmental manager and this will be recorded in their personnel file including information on the date of attendance and contents of the training.

9.4. Update sessions will be offered as appropriate to the requirements of their role taking cognisance of any new legislation