INFORMATION LIFECYCLE & RECORDS MANAGEMENT POLICY
Policy Title: Information Lifecycle & Records Management Policy

Executive Summary: An overarching framework, setting out the Trust’s policies relating to its recorded information, both clinical and corporate.


Description of Amendment(s): Updated to incorporate formal Information Lifecycle Management Policy as well as IG Toolkit Guidance

This policy will impact on: All staff with record management responsibilities

Financial Implications:

Policy Area: Corporate
Document Reference: Info Lifecycle/Records Management

Version Number: Version 1
Effective Date: Nov 2013

Issued By: Director, Corporate Affairs & Governance
Review Date: Nov 2016

Author: Information Governance Manager
Impact Assessment Date: 08/10/13

APPROVAL RECORD

<table>
<thead>
<tr>
<th>Committees / Group</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation: Information Governance &amp; Records Management Group</td>
<td>26/11/13</td>
</tr>
<tr>
<td>Approved by Committees: Information Governance &amp; Records Management Group</td>
<td>Nov 2013</td>
</tr>
<tr>
<td>Approved by Director: Director of Corporate Affairs &amp; Governance</td>
<td>Nov 2013</td>
</tr>
</tbody>
</table>
CONTENTS

1. Introduction ........................................................................................................................................ 4
2. Scope and Definitions ......................................................................................................................... 5
3. Aims of our Records Management System ..................................................................................... 6
4. Roles and Responsibilities .................................................................................................................. 6
5. Legal and Professional Obligations ..................................................................................................... 7
6. The 5 Phases of the Information Lifecycle ......................................................................................... 8
7. Records Management Systems Audit ............................................................................................... 11
8. Training ................................................................................................................................................ 12
9. Review .................................................................................................................................................. 12
APPENDIX A – Deepstore Guidance ..................................................................................................... 13
1. **Introduction**

1.1 The Trust is responsible under the Public Records Acts, the Data Protection Act (1998) and the Freedom of Information Act (2000) to ensure that all records, manual or electronic, regardless of media (including but not restricted to paper, electronic, audio tape, video tape, digital image) are created, maintained, used and disposed of in line with the requirements of these Acts throughout the information lifecycle.

1.2 This Policy will set the standards for meeting the Trust’s business needs, ensuring compliance with relevant legislation, regulations and standards and provides a basis for accountability and responsibility for information and records management.

1.3 The Records Management: NHS Code of Practice® has been published by the Department of Health 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 England. It is based on current legal requirements and professional best practice.

1.4 The Trust Board accepts the need for a 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:

- 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 This policy document should be read in conjunction with the Trust's Records Management Strategy; Clinical Records Management Policy; and Information Governance Policy, all of which set out how the policy requirements are to be delivered.
2. **Scope and Definitions**

2.1 This policy relates to all clinical and non-clinical operational records held in any format, including but not limited to Electronic Records, Paper Records, Digital Images, Text Messages by the Trust. These include:

- all administrative records (eg personnel, estates, financial and accounting records, notes associated with complaints); and
- all patient health records (for all specialties and including private patients, including x-ray and imaging reports, registers, etc.)

Clinical records are themselves subject to additional considerations which are covered under the Clinical Records Management Policy

Clinical Records Management Policy

2.2 **Records Management** is a discipline which utilises an administrative system to direct and control the creation, 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 Trust and preserving an appropriate historical record. The key components of records management are:

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

2.3 The term **Information Life Cycle** describes the life of a record from its creation/receipt 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) and finally either confidential disposal or archival preservation.

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

2.5 **Information** is a corporate asset. The Trust’s records are important sources of administrative, evidential and historical information. They are vital to the Trust to support its current and future operations (including meeting the requirements of Freedom of Information legislation), for the purpose of accountability, and for an awareness and understanding of its history and procedures.
3. **Aims of our Records Management System**

3.1 The aims of our Records Management System are to ensure that:

- records are available when needed
- records can be accessed
- records can be interpreted
- records can be trusted
- records can be maintained through time
- records are secure
- records are retained and disposed of appropriately
- staff are trained

4. **Roles and Responsibilities**

**The Chief Executive** is the accountable officer and has overall responsibility for ensuring that information governance is applied through the organisation.

**The Director of Corporate Affairs and Governance** has Board level responsibility for information governance and acts as the Organisation’s Senior Information Risk Owner (SIRO).

**The Medical Director** will act as the Caldicott Guardian and will take a lead on Confidentiality issues.

- a. To act as a champion for data confidentiality at Board level.
- b. To develop a knowledge of confidentiality and data protection matters including links with external sources of advice and guidance.
- c. To ensure that confidentiality issues are appropriately reflected in organisational strategies, policies and working procedures for staff.
- d. To oversee all arrangements, protocols and procedures where confidential social care information may be shared with external bodies including disclosures to other public sector agencies and other outside interests.

**The Deputy Director of Corporate Affairs and Governance (Deputy SIRO)** is responsible for ensuring that systems and processes are in place to ensure sound information governance across the Trust. This includes management of the information governance team budget.

**The Head of Integrated Governance** will act as the Data Protection Officer for the Trust.

**The Information Governance Manager** has responsibility for operational management of Information Governance and for the
implementation and coordination of the information governance work programme across the Trust although responsibility for specific requirements is devolved to specialist leads and service managers.

**The Health Records Library Manager** has responsibility for the operational management of the Trust’s Health Records Library of its paper casenotes to ensure that the information is held securely and available to staff and that processes follow the Trust’s Information Lifecycle & Records Management Policy.

**The Information Security Manager** has responsibility to ensure that all information held by the Trust is protected and secure according to the standards required under the IG Toolkit.

**Information Asset Owners** are responsible for ensuring that information contained within the assets assigned to them are managed in accordance with the Trust’s Policies & Procedures which match the NHS Records Management Code of Practice.

**Managers and Supervisors** will be responsible for ensuring the local implementation of information governance and that they implement this and appropriate information policies within their sphere of responsibility. This includes taking appropriate management action should non-compliance arise. Clear accountability arrangements will ensure that staff are held to account for the work that they do and this will be reinforced through contractual arrangements.

**Employees, Volunteers, Contractors, sub-contractors** all Trust staff, whether clinical or administrative, employed, sub-contracted or volunteers, have a responsibility to ensure compliance with this and other Information Governance policies and procedures and must undertake annual training via the on line IG Training Toolkit.

**5. Legal and Professional Obligations**

5.1 All NHS records are Public Records under the Public Records Acts. The Trust will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: NHS Code of Practice, in particular:

- The Public Records Act 1958;
- The Data Protection Act 1998;
- The Freedom of Information Act 2000;
- The Common Law Duty of Confidentiality; and
- The NHS Confidentiality Code of Practice.

and any new legislation affecting records management as it arises.
6. The 5 Phases of the Information Lifecycle

6.1 The information lifecycle has 5 distinct phases which are defined as:

- Creation
- Retention
- Maintenance
- Use, and
- Disposal

6.2 This document covers in detail each of these phases, outlining the Trust’s employees’ responsibilities with regard to records management (these responsibilities and obligations being extended to those external organisations working for and on behalf of the Trust – for example, contractors).

6.2 Creating a Record

Staff should take into account the following when creating information:

- **Information is Available When Needed** - from which the Trust 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 which business process, and how the record is related to other records;

- **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 disclosure 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;
- **Scanning** – given the Trust’s intention to move increasingly towards a ‘paper light’ organisation, records will increasingly be scanned into an electronic format. There are a number of factors to take into account when undertaking this function:

(a) Written evidence of the destruction of the original and of identification of the copy must always be preserved

(b) There should be a proper system for:

(i) identifying each file or document destroyed;
(ii) recording that the complete file or document, as the case may be, has been photographed;
(iii) recording identification by the camera operator of the negatives as copies of the documents photographed; and
(iv) preserving and indexing the negatives.

(c) If a microfilm, electronically or photographically stored data is required to be produced in evidence, the Trust’s SIRO should be able to certify that:

(i) the document has been destroyed;
(ii) the microfilm, electronically or photographically stored data is a true record of that document; and
(iii) the enlargement is an enlargement of the microfilm, electronically or photographically stored data.

(d) Where electronic copies are not satisfactory because of print quality, the original must be retained.

- **Staff are trained** - so that all staff are made aware of their responsibilities for record-keeping and record management.

6.3 **Retention of Records**

It is a fundamental requirement that all of the Trust’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 Trust’s business functions. For the purposes of this policy, the phrase ‘all records’ includes records created, received and maintained by the Trust in any form including, but not limited to:

- X-Rays
- Digital Images e.g. Photographs
- Text messages
- Electronic information e.g. databases
- E-mail
- Paper Records
- Staff Paper Diaries
- Message Pads

The Trust has adopted the retention periods set out in the Records Management: NHS Code of Practice
6.4 **Maintenance of Records**

All recorded information needs to be maintained throughout its lifetime. The qualities of availability, accessibility, interpretation and trustworthiness must be maintained for as long as the information is needed (or even permanently) despite any changes in the information’s format (for example, paper records being scanned electronically).

The use of standardised naming conventions, filenames and version control methods should be consistently applied throughout the life of the information. Details of the Trust’s corporate records standards with regard to naming conventions can be found in the Trust’s Corporate Records Management Standard Operating Procedure:

*Corporate Records Management Standard Operating Procedure*

The maintenance of a record will include its storage arrangements and the location of records should be controlled to ensure that a record can be easily retrieved at any time.

Storage accommodation for current records should be clean and tidy and should prevent damage to the records. Equipment used for current records should provide storage that is safe from unauthorised access and that meets fire regulations but that allows maximum accessibility to the information commensurate with its frequency of use. When records are no longer required for the conduct of current business and need to be retained they will be archived offsite in Deepstore, according to the Trust’s Deepstore Procedures. (See Appendix A)

For records stored on-site, they must be kept in a lockable cabinet or secure storage area with restricted access.

The physical movement of records in and around the Trust must be undertaken in a safe and secure way, with reference to the Trust’s Transportation of PID Standard Operating Procedure.

*Transportation of PID Standard Operating Procedure*

A clear desk/screen policy must be adopted to prevent unauthorised access.

Any instances of lost/missing records must be reported according to the Trust’s Incident Reporting Procedure

*Incident Management & Reporting Procedure*
6.5 **Use of Records**
All information must be used consistently and must be used only for the purposes for which it was intended. Information must never be accessed or used by an employee for their own personal use or gain. Any such unauthorised access to information, is a criminal offence under the Data Protection Act (1998) and will result in the employee being disciplined under the Trust’s Disciplinary Policy.

- **Disclosure** – only the specific information required should be disclosed to authorised parties and always in accordance with the Data Protection Act (1998), including the subject’s right of access under Section 7 of the Act. Such right of access should follow the Trust’s Subject Access Procedure and the Trust’s Caldicott Guardian as well as the Subject Access Team is available to advise patients and staff

- **Transfer** – Any requirement to transfer information between departments/organisations should take account of the sensitivity of the information concerned and the Information Governance Manager is available to advise in this respect.

6.6 **Access to Information**
Access to records holding personal information is dealt with according to the requirements of the Data Protection Act (1998) and in accordance with the Trust’s Subject Access Procedure. *(include link when approved and uploaded)*

Access to records holding non-personal information is dealt with under the Trust’s Freedom of Information Policy

6.7 **Using and Tracking Records**
Accurate recording and knowledge of the whereabouts of all records is essential if the information they contain is to be located quickly and efficiently. A good tracing system whether manual or electronic must provide an up to date and easily accessible movement history and audit trail. One of the main reasons why records get misplaced or lost is being their next destination is not recorded.

Tracking systems (both manual and electronic) are described in more detail within the Clinical Records Management Policy and the Trust’s Corporate Records Management Standard Operating Procedure.

7. **Records Management Systems Audit**

7.1 The Trust will regularly audit records management practices for compliance with this framework and each department/speciality must have a written procedure detailing this process.
7.2 Managers will be responsible for undertaking a biennial, localised audit of corporate records monitoring the quality of documentation and ensuring that standard good practice guidance is adhered to. Such audits to be the subject of an organised programme to be determined and agreed by the Information Governance & Records Group as part of an approved Action Plan.

7.3 In the case of clinical records, each Business Unit will audit a series of 100 sets of casenotes throughout the year. These audits to be registered with the clinical effectiveness team who will provide support compiling speciality reports which will be sent to the Business Unit SQS for discussion.

7.4 Results and outcomes for audit of clinical documentation must be reported using the standard Trust documentation and submitted to the Information Governance Manager for discussion by the Information Governance & Records Group. Any such audits will be used as evidence towards the organisation’s NHS Litigation Authority (NHSLA) Risk Management Standards assessment and the IG Toolkit

7.5 An external data quality audit will take place annually and will be supplemented by regular internal data quality audits. Any subsequent reports will be submitted to the Data Quality Group for discussion and action and the minutes submitted to the Information Governance & Records Group for review.

7.6 The results of audits will be reported to the Trust Board via the minutes of the Information Governance & Records Group.

8. Training

8.1 Managers will be responsible for ensuring that all staff undertake the mandatory Information Governance training, via the IG Training toolkit, as well as appropriate additional training in record keeping, case note handling, information governance and information security, in accordance with their personal development plan and the requirements of the Trust’s Information Governance Policy.

8.2 New staff will receive training through corporate and local induction.

9. Review

9.1 This policy will be reviewed every three years (or sooner if new legislation, codes of practice or national standards are to be introduced).
APPENDIX A – Deepstore Guidance

Guide to Sending and Retrieving Documents & Boxes from DeepStore

November 2013

EMAIL  ecn-tr.infogov@nhs.net
TEL  01625 663602
Contacts  David Withey  Governance Administrator
          Jean King  Information Governance Manager
Address  Information Governance Department – 2nd floor, New Alderley Building, Macclesfield District General Hospital
INDEX

Overview of new DeepStore (saltmine) procedures ............................................. 2
Order new storage boxes – step by step guidance ..................................................... 3
Sending new items to DeepStore – step by step guidance ........................................ 3
Checklist - What can and can’t be stored at DeepStore ............................................ 4
Labeling boxes – guidance ....................................................................................... 4
Retention period guidance ......................................................................................... 4
Retrieving boxes – guidance ..................................................................................... 5
Returning boxes – guidance ....................................................................................... 5
Price List for supplies, storage and services from DeepStore ................................... 6
Contact details for additional help and guidance ...................................................... 7

NEW DEEPSTORE PROCEDURES

New procedures have been introduced to provide a more consistent approach to
storing documentation in DeepStore.

1. All boxes being sent to DeepStore must now have a barcode sticker attached and
a comprehensive list of contents. This contents list is vital to ensure any records
required in the future are easy to locate and retrieve. Please note this must be
sent electronically (via e-mail)

As public awareness of the right to access information increases, it is becoming
more likely that archived records and information will be requested at some point
and we need to ensure this can be provided by law.
2. All departments must keep a comprehensive list of records stored together with retention periods. Staff members must be aware of the retention document. You may be requested for a copy for audit purposes.

3. Information Governance can provide you with an inventory list to enable you to cross reference your lists with barcodes where necessary.

4. Records cannot be sent to DeepStore without a review/destroy date.

5. Information Governance will alert you to any records that are approaching destroy date to enable you to confirm destruction or request further retention.

1) ORDERING STORAGE BOXES – FLATPACK REQUESTS
FORM 08

**Checklist – Flatpack Requests**

- 1. Completion of Form 08 (all fields must be completed)
- 2. Return form by email to mailto:ecn-tr.infogov@nhs.net
- 3. DeepStore will deliver to you.

- **NB** – *DeepStore require a minimum of 10 boxes per order.*

   Click below to open Form 08

   ![Form 08](S:\InformationGovernance\Deepstore\MDGH\2. ORDER FORMS - TEMPLATES\CSV08 - DeepStore - Request For Flat Pack Boxes Form.xls)

2) SENDING NEW INTAKES OF BOXES TO DEEPSTORE
FORMS 06 & 01

**Checklist – New Intakes of Boxes to DeepStore**

- 1. Complete Form 01 (Box Contents form)
   
   This must be comprehensive – see notes – and a copy completed for each box. A copy should be kept by you and a copy must be sent to Information Governance. This **must** be an electronic copy where ever possible.

   2. Complete Form 06 (New Intake form)
   
   This form gives a general overview of the whole order and should...
contain a list of all box barcodes and the corresponding box
name/number allocated by you (this should be something which
will help you to identify the box in future). There should also be a
very brief description of the box contents and also the destruction
date of each box.

3. When you know how many boxes you will be using contact
Information Governance to request box Barcodes

4. Please only use DeepStore boxes.

5. **Label the boxes in grid provided in permanent marker pen.**

6. Contact Information Governance when your boxes are ready for
collection and they will check your forms and arrange collection for
you.

8. You **MUST** reconcile the boxes with your own inventory and
ensure that you record the box barcode on your master file.

*Failure to do this could cause problems in locating the files in the
future.*

Click below to open Forms 01 and 06

---

**Checklist Notes:**

**Contents:**

- Contents should not contain harmful, noxious or flammable material (other
  than paper)
- Glass and other sharp objects should not be sent to DeepStore unless agreed
  with Info Gov Department.
- Ensure that the contents are in a logical order eg date, alphabetical,
  numerical or file reference number. This is really important as we are
  frequently asked for records to be retrieved
- Ensure that Form 01 – File Contents Form has sufficient information for
  anyone to be able to retrieve. Remember, in some cases, files are kept in
  DeepStore for many years. Records are still owned by the Trust and fall
  under the Data Protection Act 1998. We are legally responsible for them and
  must know their location at all times.
- **Do not include patient or staff names – use unique identifiers.** The exception
to this is for when you complete Form 01 (Box Contents Form). This will only
  be held by your department and Information Governance.
Labelling:
- Use permanent marker pen to label the boxes in the grid provided only.
- Don’t write critical information on the lid or sides as it won’t be easily accessible in DeepStore due to the stacking system.
- Ensure box reference number is unique & doesn’t exceed 15 characters. An example of this could be IG2010Box3SAR. IG is Information Governance, 2010 is the year, Box 3 is the number of boxes sent to DeepStore this year and SAR stands for Subject Access Requests.
- Do not include patient or staff names – use unique identifiers.

IMPORTANT! Record Management and Retention Guidance:
- Remember – you may be asked for a file from a box in the future. Make sure you will be able to identify the correct box or it will cost your department & the Trust money to recall all boxes.
- Use the first link shown below for a comprehensive guide on retention periods in the NHS. The two-part Records management: NHS code of practice is 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 England. It is based on current legal requirements and professional best practice. Please also refer to:
  - Quick Reference Guide to the Retention of Records
  - Health and Corporate Records Retention Policy
- The retention periods are at the back of the following document, in Annex D1.
Checklist – Retrieving boxes from deepstore

1. Completion of Form 10 (all fields must be completed)

2. Ensure that the Barcode reference for the relevant box(es) is included on the sheet. This is the reference DeepStore use to locate your records.

Click below to open Form 10

S:\Information Governance\Deepstore\MDGH\2. ORDER FORMS - TEMPLATES\CSV10 - DeepStore - Box Retrieval Request Form.xls

4) RETURNING BOXES TO DEEPSTORE
FORM 07

Checklist – Returning boxes to DeepStore

1. Completion of Form 7 (all fields must be completed)

2. Ensure that the Barcode reference for the relevant box(es) is included on the sheet.

3. If you do not hold a contents form for this box, Form 1 (Box Contents form) must be completed. This must be comprehensive – see notes in section 2.

4. Info Gov will arrange for the files to be collected and returned to DeepStore

S:\Information Governance\Deepstore\MDGH\2. ORDER FORMS - TEMPLATES\CSV07 - Deepstore - Boxes to be returned to DS.xls
### DEEPSTORE PRICE LIST 2010

#### SUPPLIES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price per Pack of 10</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAT001</td>
<td>Standard Box &amp; Lid</td>
<td>£13.76</td>
<td>For general storage. Holds 4 Lever Arch files horizontally</td>
</tr>
<tr>
<td>MAT002</td>
<td>Glass Slide Box</td>
<td>£12.29</td>
<td>For storing glass slides. A MAT001 (above) will hold 2 x MAT002</td>
</tr>
<tr>
<td>MAT003</td>
<td>Pathology Glass Slide Box</td>
<td>£12.29</td>
<td>For storing paraffin slides. A MAT001 will hold 4 x Mat003</td>
</tr>
<tr>
<td>MAT004</td>
<td>A&amp;E card size Box</td>
<td>£12.29</td>
<td>For storing A5 size cards</td>
</tr>
<tr>
<td>MAT005</td>
<td>X-ray Box</td>
<td>£1.41</td>
<td>For storing X-ray films</td>
</tr>
<tr>
<td>MAT006</td>
<td>Tape Box (small)</td>
<td>£0.71</td>
<td>For storing audio tapes</td>
</tr>
<tr>
<td>MAT007</td>
<td>Tape Box (large)</td>
<td>£1.95</td>
<td>For storing video tapes</td>
</tr>
<tr>
<td>MAT008</td>
<td>A4 Lever Arch file Box</td>
<td>£1.38</td>
<td>For storing up to 6 Lever Arch files vertically</td>
</tr>
</tbody>
</table>

#### SERVICES

<table>
<thead>
<tr>
<th>Description</th>
<th>Price per Item</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Handling fee per Box</td>
<td>£2.62</td>
<td>MAT001 Standard Box &amp; Lid</td>
</tr>
<tr>
<td>Initial Handling fee per File</td>
<td>£0.13</td>
<td>MAT002 Glass Slide Box</td>
</tr>
<tr>
<td>Retrieval Charge per Item</td>
<td>£1.32</td>
<td>MAT003 Pathology Glass Slide Box</td>
</tr>
<tr>
<td>Retrieval Charge per X-ray film</td>
<td>£1.56</td>
<td>MAT004 A&amp;E card size Box</td>
</tr>
<tr>
<td>Urgent Retrieval</td>
<td>£5.18</td>
<td>MAT005 X-ray Box</td>
</tr>
<tr>
<td>Return Charge per Item</td>
<td>£1.32</td>
<td>MAT006 Tape Box (small)</td>
</tr>
<tr>
<td>Return charge per X-ray</td>
<td>£2.04</td>
<td>MAT007 Tape Box (large)</td>
</tr>
<tr>
<td>Reboxing per Item</td>
<td>£3.28</td>
<td>MAT008 A4 Lever Arch file Box</td>
</tr>
<tr>
<td>Destruction fee per Item</td>
<td>£2.62</td>
<td>FILING CABINETS</td>
</tr>
<tr>
<td>Destruction fee per X-ray Box</td>
<td>£6.05</td>
<td></td>
</tr>
<tr>
<td>Delivery Fee per Order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 30 Items</td>
<td>£15.74</td>
<td></td>
</tr>
<tr>
<td>31 to 60 Items</td>
<td>£38.22</td>
<td></td>
</tr>
</tbody>
</table>
Extra help: Finding and managing retention dates

- When using the Records Management document to establish correct retention periods it is possible to use the "Ctrl + F" function to search the document.
- Open the document and hold down the Ctrl key on your keyboard then press the F key. This will bring up a search box.
- Type in a word relating to the document you are trying to locate, for example if you are looking for the retention period for “minutes of meetings”, type in “minutes” and press enter.
- You will then be taken to the first instance that the word “minutes” appear in the document. If this instance does not relate to the document you are looking for press Find Next on the search box and you will be taken to the next entry, repeat this until you find the correct entry.
- If you are sending new items to Deepstore and have several boxes, please box your items according to destruction dates. Try to include items in a box that are going to be due for destruction around the same time (within 5 – 10 years is acceptable). This will be more cost effective as it is cheaper to destroy a box as a whole rather than request Deepstore to go through boxes extracting individual items for destruction.

Again if you have any problems or questions please use the contact details below.

Contact information

Email       ecn-tr.infogov@nhs.net
Tel          01625 663608
Contacts    Governance Support Assistant
            Jean King       Information Governance Manager
Address     Information Governance Department - 1st Floor Education & Training Building,
            Macclesfield District General Hospital
Equality Analysis (Impact assessment)
Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. **Use it to help you develop fair and equal services.**
Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

Information Lifecycle & Records Management Policy

Details of person responsible for completing the assessment:

- Jean King
- Information Governance Manager
- Corporate Affairs & Governance:

State main purpose or aim of the policy, procedure, proposal, strategy or service:

*(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)*

To provide clarification for Trust staff on its requirements with regard to record keeping standards.

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

The population of Cheshire as at the 2005 mid year figures (Cohesia Report 2008) is 684,400.

**Age:**

17.8% (30,500) of the population in Cheshire East is over 65 compared with 15.9% nationally. This results in a high “old age” dependency ratio, i.e. low numbers of working-age people supporting a high non-working dependant older population. The percentage of “older” or “frail” old is also considerably higher, with 2.3% (8,200) persons 85 and over compared to 2.1% nationally.

Cheshire East has the fastest growing older population in the North West. By 2016, the population aged 65+ will increase by 29.0% (8,845) and the population aged 85+ by 41.5% (3,403).

This will have an impact on the number of patients being managed by ECT and the complexity of the health and social care issues that the older person is experiencing. In addition the staffing profile of ECT will change to include an increasing number of staff over 65 in the workforce.
Race:
The 2005 mid year estimate (Cohesia Report 2008) show that the majority of the population in Cheshire (94.6%) is White British, with 5.4% non White British. The Cheshire 2007-10 Local Area Agreement identified that minority ethnic communities account for around 3% of the population. Issues for BME communities include lack of knowledge of services, access to services, access to translation/interpretation, cultural differences, family values. Many people from BME communities experience poverty, poor housing and unemployment which make it difficult for them to lead healthier lives. 4180 migrant workers registered in Cheshire in 2006/07 and comparison to the mid-year population estimates for Cheshire in 2005 strongly suggests that Cheshire's migrant worker population is larger than every individual BME group other than the White-Other White group.

Gypsies and travellers – at the last count (July 2006) the highest number was recorded in the Borough of Congleton (125). 42% of gypsies and travellers report limiting long term illness compared to 18% of the settled population, with an average life expectancy 10-12 years less than settled population. 18% of gypsy and traveller mothers have experienced the death of a child compared to 1% in the settled population.

Disability:
There are over 10 million disabled people in Britain, of whom 5 million are over state pension age. Nearly 1 in 5 people of working age (7 million, or 18.6%) in Great Britain have a disability. Hearing loss: 1 in 4 has a hearing problem. Sight problems: There are 2 million people with sight problems in the UK. Learning disabilities: There is quite a high proportion of people with learning disabilities in the local area due to there being a number of residential homes/institutions in the area. Problems encountered can be lack of staff awareness, communication issues, information requirements.

Dementia
Approximately six in 100 people aged over 65 develop dementia and this rises to around 20 in 100 people aged 85 or over. Dementia affects 750,000 people in the UK.

Carers
Around 6 million people (11 per cent of the population aged 5+) provided unpaid care in the UK in April 2001. While 45% of carers were aged between 45 and 64, a number of the very young and very old also provided care. By 2037, it is anticipated that the number of carers will increase to 9 million.

Gender
On average in Cheshire, 49% of the population are male and 51% are female
Transgender: No local data available, national trends show:
1/12,000 males, transgender from male to female
1/33,000 females, transgender from female to male
Specific issues around access to services, specific services for men or women, and ‘single sex’ facilities. In terms of the transgender population, GIRES (Gender Identity Research and Education Society) gives an estimate of 600 per 100,000. If these figures were applied to the Cheshire East community based on the 2005 mid year estimates, there may be around 2,100 trans people in the area.
Religion/Belief
In the Cheshire East area:

- Christian: 80%
- Buddhists: 0.16%
- Hindu: 0.15%
- Jewish: 0.12%
- Muslim: 0.36%
- Sikh: 0.05%
- Other religion: 0.15%
- No religion: 11.84%
- Not stated: 6.67%

The Muslim population has the highest levels of ill health amongst faith groups – this includes higher smoking rates amongst men and higher rates of coronary heart disease and diabetes.

Sexual Orientation
Lesbians, gay men and bi sexual people (LGB) make up to 5-7% of the UK population (Dept of Trade and Industry, 2003). 13% of Gay men and 31% Lesbian women are parents (Morgan and Bell, First Out: Report of the findings of Beyond the Barriers national survey of LGB people).

The experience and health needs of gay men and women will differ. However, both groups are likely to experience discrimination, higher levels of mental ill health and barriers to accessing health care.

National Health Inequalities data shows that lesbian, gay, bisexual and transgender (LGBT) people are e 2001 census showed: significantly more likely to smoke, to have higher levels of alcohol use and to have used a range of recreational drugs than heterosexual people. They are also at greater risk of deliberate self-harm. Although most LGBT people do not experience poor mental health, research suggests that some are at higher risk of mental health disorder, suicidal behaviour and substance misuse.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

All patients/staff are affected by this policy as the way the Trust manages its records has an impact on the care provided to patients. Staff are affected as the way the Trust manages its records has an impact on its ability to manage its staff.

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No evidence
3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

**RACE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes ☐ No ☑

*Explain your response:*
this document has no negative impact on any groups – the policy is a statutory requirement and its purpose is to ensure that the Trust manages its records in a structured way enabling the availability of information as and when required. There is no potential to treat racial groups any differently as the result of this policy.

**GENDER (INCLUDING TRANSGENDER):**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes ☐ No ☑

*Explain your response:*
this document has no negative impact on any groups – the policy is a statutory requirement and its purpose is to ensure that the Trust manages its records in a structured way enabling the availability of information as and when required. There is no potential to differentiate between genders as the result of this policy.

**DISABILITY**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☐ No ☑

*Explain your response:*
this document has no negative impact on any groups – the policy is a statutory requirement and its purpose is to ensure that the Trust manages its records in a structured way enabling the availability of information as and when required. There is no potential to differentiate on the grounds of disability as the result of this policy, with the exception that consideration would be given to those people with a disability in the event they require to review any of the Trust’s records.

**AGE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, age groups differently? Yes ☐ No ☑

*Explain your response:*
this document has no negative impact on any groups – the policy is a statutory requirement and its purpose is to ensure that the Trust manages its records in a structured way enabling the availability of information as and when required. There is no potential to differentiate different age groups as the result of this policy.
LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes ☐ No ☑

Explain your response:
This document has no negative impact on any groups – the policy is a statutory requirement and its purpose is to ensure that the Trust manages its records in a structured way enabling the availability of information as and when required. There is no potential to differentiate on the grounds of sexual orientation as the result of this policy.

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes ☐ No ☑

Explain your response:
This document has no negative impact on any groups – the policy is a statutory requirement and its purpose is to ensure that the Trust manages its records in a structured way enabling the availability of information as and when required. There is no potential to differentiate on the grounds of religion or belief as the result of this policy.

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes ☐ No ☑

Explain your response:
This document has no negative impact on any groups – the policy is a statutory requirement and its purpose is to ensure that the Trust manages its records in a structured way enabling the availability of information as and when required. There is no potential to treat carers any differently.

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes ☐ No ☑

Explain your response:
This document has no negative impact on any groups – the policy is a statutory requirement and its purpose is to ensure that the Trust manages its records in a structured way enabling the availability of information as and when required. The policy is the means by which its records are created, maintained and disposed of – there is no effect on any particular groups as the result of this policy.

4. Safeguarding Assessment - CHILDREN

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is there a direct or indirect impact upon children?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

The Trust’s Records Management Policy concerns itself with the creation, maintenance and destruction of its corporate/clinical records. There is provision in the policy and the associated information governance legislation to address safeguarding issues and as such, the policy does not significantly impact children in particular.

5. Relevant consultation
Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

There is no requirement to consult with user groups/stakeholders and the content of the policy is mandatory and reflects guidance issued by the Royal College of Physicians and the Dept. of Health. However the policy has been reviewed by the Corporate Affairs & Governance Managers Group for comment.

6. Date completed: 08/10/13  Review Date: 08/10/16

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
</table>

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: [Signature]

Date: 8.10.13