Records Management Policy

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Author:	**Dina Strati, Corporate Records Manager**
Review date:	01/12/2028
Security classification:	**OFFICIAL – Green: Unclassified information**

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NHS Shetland Document Development Coversheet*

Name of document	Records Management Policy		
Document reference number	CEPOL019	**New or Review?**	Review
Author	Dina Strati, Corporate Records Manager		
Information Asset Owner	Sam Collier-Sewell, Head of Information Governance, FOI Lead and DPO		
Executive lead	Colin Marsland, Senior Information Risk Owner (SIRO)		
Review date			
Security classification	OFFICIAL – Green: Unclassified information		

Proposed groups to present document to:		
IGD	IGG	FPC

Date	Version	Group	Reason	Outcome
23/09/16	0.1	First draft (based on NHS Borders)	n/a	n/a
26/09/16	0.1	RMP Project Board	PO & C/S	AC&R
06/10/16	0.2	RMP Project Team	PO & C/S	MR & PRO
07/10/16	0.3	RMP Project Board (e-mail)	PO	MR & PRO
18/10/16	0.4	eISG	PO & C/S	MR & PRO
3/11/16	0.5	JGG (by e-mail)	PO & C/S	MR & PRO
28/11/16	0.6	CCPGC	Approval	AC&R
14/02/17	1.0	CCPGC	Approval	Approved
07/06/17	1.1	CCPGC	Approval	Approved
14/10/25	1.2	IGG	FA	Approved
02/12/25	1.2	FPC	FA	Approved

Examples of reasons for presenting to the group	**Examples of outcomes following meeting**

• Professional input required re: content (PI)	• Significant changes to content required – refer to Executive Lead for guidance (SC)
• Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
• General comments/suggestions (C/S)	• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
• For information only (FIO)	• Recommend proceeding to next stage (PRO)
• For proofing/formatting (PF)	• For upload to Intranet (INT)
• Final Approval (FA)	• Approved (A) or Not Approved, revisions required (NARR)

***To be attached to the document under development/review and presented to the relevant group**

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
26/09/16	Changes made to Version 0.1: Page 7: Changed 4.4 to Information Governance SubGroup (IGSG). Added 4.6 Corporate Services Manager (and Contents reference). Page 8: Removed reference to Appendix 1 in 7.2 (and Contents reference) and reworded.
06/10/16	Changes made to Version 0.2: Removed ACF from proposed Groups list. Page 7: Added sentence on training responsibilities to 4.4. Added sentence on staff responsibility to 4.8.
07/10/16	Changes made to Version 0.3: Page 7: Paragraph 4.3 added and 4.5 amended to reflect the relationship between the Senior Information Risk Owner (SIRO) and the Records Manager.
18/10/16	Changes made to Version 0.4: Page 7: Restructured paragraphs 4.1 to 4.12 to include relevant working and governance groups and added Annex 1 which contains details of current post holders. Page 8: Paragraph 8.1, audit specified to be annually. Paragraph 8.3: changed audit group to be eISG. Page 10: Paragraph 10.1, inserted statement re IJB guidance update.
03/11/16	Changes made to Version 0.5: Page 11: Corrected the numbering of the post holder references in Annex 1.
06/02/17	Changes made to Version 0.6: Page 6: Amended “Scope of Policy” section. Page 7: Added “Associated Policies & Procedures” section. Page 10: Amended the wording of Sections 6.5, 6.6 & 6.7 to be consistent with current roles and responsibilities. Page 13: Added EQIA.
21/03/17	Changes made to Version 1.0: Page 10: Section 6.5 and Annex 1 amended to only refer to 2 roles. This is required for consistency with the RMP and compliance with Public Records (Scotland) Act 2011.
01/05/17	Changes made to Version 1.1: Annex 1 updated to reflect change of Medical Director.
29/05/17	Changes made to Cover Sheet date to reflect the rescheduling of CCPGC.
13/12/17	Changes made to Version 1.1: Annex 1 updated to reflect change of Medical Director.
09/10/2025	Version 1.1 of the Records Management Policy has not been updated since 2017. This new version addresses legal changes like GDPR and new standards, as well as clearer controls for digital records and remote work. Saved as version 1.2.

Contents

1. Introduction

NHS Shetland manages records as vital corporate assets that support safe, high-quality care, robust governance, legal compliance, transparency, and effective service delivery. The Board commits to creating, capturing, maintaining, securing, retaining, and disposing of records consistently across their lifecycle in line with Scottish legislation and national NHS guidance.

2. Purpose and scope

This policy provides a comprehensive framework for managing all clinical and corporate records, regardless of format or location. It sets out roles and responsibilities, standards for creation and capture, rules for access, security and storage, retention and disposal requirements, and arrangements for audit, training, and continuous improvement. It applies to all NHS Shetland staff (permanent, temporary, bank, volunteers), contractors and third parties processing information on the Board's behalf.

3. Definitions

Record: Recorded information, in any format, created, received or maintained as evidence of activities and transactions by NHS Shetland.

Records Management: The discipline controlling records throughout their lifecycle, from creation and active use to archiving or secure destruction.

Clinical Record: Information relating to the physical or mental health of an individual created by or on behalf of a health professional.

Corporate Record: Non-clinical records including governance, finance, HR, estates, and operational documents.

Information Asset: A body of information, defined and managed as a single unit so it can be understood, shared, protected and exploited effectively.

4. Legal and regulatory framework

- Public Records (Scotland) Act 2011
- Data Protection Act 2018 and UK GDPR (lawful processing, security, rights)
- Freedom of Information (Scotland) Act 2002 and Environmental Information (Scotland) Regulations 2004
- Records Management Code of Practice for Health and Social Care
- Common Law Duty of Confidentiality and Caldicott Principles
- The Inquiries Act 2005 (statutory inquiries and legal holds)
- Relevant standards, e.g., ISO 15489 (Records Management), BS 10008 (evidential weight of electronic information), ISO/IEC 27001 (information security).

5. Roles and responsibilities

Clear accountability ensures safe and lawful records management:

Chief Executive – Brian Chittick: Accountable officer with overall responsibility for records management, ensuring mechanisms are in place to support service delivery and continuity. Oversees records management in accordance with element 1 of the Records Management Plan (RMP).

Senior Information Risk Owner (SIRO) – Colin Marsland (Director of Finance): Leads information risk management, ensures risk controls for records and reports significant risks.

Caldicott Guardian – Dr Kirsty Brightwell (Medical Director): Safeguards patient confidentiality and appropriate use and sharing of patient-identifiable information.

Data Protection Officer (DPO) – Sam Collier-Sewell (Head of Information Governance, FOI Lead and DPO): Advises on and monitors compliance with data protection law, including privacy notices, DPIAs and breach management.

Corporate Records Manager – Dina Strati: Leads corporate records policy implementation, procedures, and training. Assumes corporate records management responsibilities as outlined in Element 2 of the RMP.

Health Records & Clinical Coding Manager – Shreyansh Kayastha: Leads operational management of health records and compliance with clinical records standards. Handles clinical records management as outlined in Element 2 of the RMP.

All Staff and Contractors – Create accurate records promptly, protect confidentiality, follow SOPs, report incidents, and complete mandatory training.

6. Records management statement

6.1. Creation and capture

Records shall be created contemporaneously to provide an accurate and reliable account of care and business decisions. Records shall be captured in approved systems with appropriate metadata (author, date, version, classification, retention). Version control shall be applied to distinguish drafts from authoritative copies.

6.2. Classification, naming and metadata

Consistent file plans shall be used and naming conventions. Classification shall be based on function/activity and apply sensitivity labels. Metadata shall be ensured to supports retrieval, audit trails and legal admissibility.

6.3. Maintenance, access and security

The integrity, authenticity, and usability of records shall be preserved throughout their lifecycle. Role-based controls will manage record access, so individuals only have the minimum privileges needed. All access shall be subject to monitoring, with audit trails maintained to support accountability and traceability. Where appropriate, encryption shall be applied to records both at rest and in transit to safeguard against unauthorised access. The storage of official records on personal devices or unapproved cloud services shall not be permitted under any circumstances.

6.4. Storage and tracking

Paper records shall be stored in secure environments with environmental controls; use tracking (e.g., barcodes, logs) when moving records. Electronic records shall be stored on approved platforms with backup and disaster recovery arrangements.

6.5. Digital continuity and format sustainability

Planning shall be undertaken to ensure the long-term readability and accessibility of digital records. Dependencies relating to file formats, codecs, and applications shall be identified and managed to mitigate the risk of obsolescence. Metadata shall be preserved to support authenticity, usability, and future migration requirements.

6.6. Scanning and digitisation

When digitising, adhere to established standards such as BS 10008 and comply with local quality assurance procedures to produce accurate, comprehensive, and legally admissible images. Maintain scanning logs and ensure traceability to source documents.

6.7. Email, messaging and collaboration tools

Emails, chat communications, and collaborative materials (including recordings) that document business or clinical decisions are considered official records and must be archived in approved repositories according to established retention schedules.

6.8. Data sharing and third parties

Formal data sharing or processing agreements are used. Data shared is limited to the minimum necessary, with a lawful basis and appropriate safeguards in place.

6.9. Remote and mobile working

Only approved devices should be utilised, and secure connections must be maintained at all times. Encryption protocols are to be strictly observed, along with ensuring screen privacy.

6.10. Business continuity and vital records

Vital records shall be identified and protected to ensure their availability in the event of business disruption. Arrangements for the recovery of these records shall be incorporated within business continuity and disaster recovery plans. These measures shall support the continued accessibility, integrity, and reliability of clinical and corporate records, enabling NHS Shetland to maintain safe patient care and effective organisational governance at all times.

7. Retention, disposal and archiving

National retention schedules shall be applied from the Records Management Code of Practice for Health and Social Care. Destruction shall not occur when records are subject to legal hold, investigation, complaint, FOI/EIR request or audit. Under the Inquiries Act 2005, suspend routine destruction and preserve potentially relevant records when an inquiry or litigation is anticipated or ongoing (legal hold).

When eligible for disposal, use secure methods (e.g., cross-cut shredding, pulping/incineration, certified electronic erasure). Disposal logs shall be maintained (what, when, how, by whom,

authority). Records shall be selected of historical or research value for transfer to approved archives (e.g., Shetland Archives) following appraisal.

8. Audit, monitoring and assurance

Annual audits shall be undertaken and spot checks covering storage, access, metadata quality, retention, and disposal logs. Findings shall be reported to the Information Governance Group.

9. Training and awareness

Mandatory induction shall be provided and periodic refresher training for all staff, plus role-specific training for records-intensive roles. Training records must be maintained, and regular awareness campaigns should be conducted.

10. Review

The policy shall be reviewed every two years or sooner if legislation, guidance or organisational needs change.

Appendix 1 – Rapid Impact Checklist

An equality and diversity impact assessment tool:

Which groups of the population do you think will be affected by this proposal?*

Staff

Other groups:

- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People with mental health problems
- People in religious/faith groups
- Older people, children and young people
- People of low income
- Homeless people
- Disabled people
- People involved in criminal justice system
- Staff
- Lesbian, gay, bisexual and transgender

*the word proposal is used as shorthand for the policy, procedure, strategy or proposal that is being be assessed

In the following sections, please consider what positive and negative impacts you think there may be and which specific groups will be affected by these impacts?

What impact will the proposal have on lifestyles? For example, will the changes affect: • Diet and nutrition • Exercise and physical activity • Substance use: tobacco, alcohol and drugs • Risk taking behaviour • Education and learning or skills	Education and learning or skills
Will the proposal have any impact on the social environment? Things that might be affected include: • Social status • Employment (paid or unpaid) • Social/Family support • Stress • Income	No
Will the proposal have any impact on the following? • Discrimination? • Equality of opportunity? • Relations between groups? • Fairer Scotland Duty	No
Will the proposal have an impact on the physical environment? For example, will there be impacts on: • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease?	No

Will the proposal affect access to and experience of services? For example: • Health care • Transport • Social services • Housing services • Education	No

Summary sheet

Positive Impacts (note the groups affected) Supports education and learning	**Negative Impacts (Note the groups affected)**
Additional Information and Evidence Required	
Recommendations	
From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?	

Signature(s) of Level One Impact Assessor(s):

Date:

Signature(s) of Level Two Impact Assessor(s):

Date: