
**PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN**

# Records Management Policy

Version 4.0

## Document Control

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| **4.0** | **07/10/14** | **Approved** | **Katharine Stevenson** | **Update following an Internal Audit recommendation to clarify key contact**<br>**Includes content from Email policy**<br>**Approved by Executive Team 7/10/14** |

# 1. Purpose

The purpose of this policy is to provide a framework for the effective management of PHSO's corporate recorded information ('records') in accordance with all statutory and business requirements. PHSO includes all types of structured data (i.e. databases) and unstructured data (i.e. documents, emails) as 'Records'. Compliance with this policy supports PHSO's commitment to be exemplary in its administration.

# 2. Policy Statement

PHSO recognises that effective records management is fundamental to good administration and operational effectiveness, and is an enabler to the achievement of our strategic aims and objectives. PHSO is therefore committed to implementing and maintaining good recordkeeping practices.

PHSO has decided to adopt an approach to records management which is consistent with the legal obligations and best practice principles embodied in the following Records Management standards and codes of practice:

- ISO 15489 Information and Documentation - Records Management;
- ISO 30300 Information and Documentation – Management systems for records;
- ISO 18128 Information and Documentation – Risk Assessment for records processes and systems;
- Lord Chancellor's Code of Practice on the management of records issued under section 46 of the Freedom of Information Act 2000; and
- Code of Practice for Archivists and Records Managers under Section 51(4) of the Data Protection Act 1998.

While PHSO is not covered by the Public Records Act 1958, PHSO has decided to adopt an approach to records management which is consistent with the legal obligations and best practice principles embodied by it.

Relevant definitions of terms used in this policy are set out at Annex A.

# 3. Legal Requirements

PHSO will comply with all statutory and regulatory requirements relating to the use and management of records. In particular, the following pieces of legislation are key:

- Parliamentary Commissioner Act 1967;
- Health Services Commissioners Act 1993;
- Data Protection Act 1998 (DPA);
- Freedom of Information Act 2000 (FOIA);
- Environmental Information Regulations 2004; and
- Human Rights Act 1998.

This list is not exhaustive, further specific pieces of legislation can be found in PHSO's Retention Schedule.

The statutory bar on disclosure of information contained in s.11 PCA 1967 and the HSCA 1993 prevents the disclosure of information obtained during or for the purposes of an investigation except in limited circumstances. S.44 FOIA confirms that we are not obliged to disclose that information in response to a FOIA request and s.31 DPA exempts PHSO from the duty to release personal information where doing so would be likely to prejudice the proper discharge of PHSO's functions.

## 4. Scope

This policy applies to all recorded information in any format (paper, electronic or other medium) that is received, created, or held in the course of PHSO's business. This includes structured data (i.e. documents, letters, emails, PowerPoint) and unstructured data (data stored in databases).

It applies to all permanent, contract and temporary staff and any organisation or body acting as agents of PHSO where contractual arrangements are in place.

It should be read in conjunction with the ICT Acceptable Use policy which details email security, content and legal liability, and acceptable use.

## 5. Objectives

The key objectives of this policy and supporting guidance are to:

- facilitate and effectively record all PHSO's operations, business and policies;
- model good practice in recordkeeping reflecting the Ombudsman's *Principles of Good Administration;*
- demonstrate compliance with relevant legislation;
- maintain a culture which recognises the benefits, importance and value of effective records management;
- ensure that records are protected, complete, accessed and managed in line with protective marking and handling arrangements;
- records of historical and evidential significance are identified and held securely under arrangements agreed by the Ombudsman;
- define clear responsibilities for managers and staff; and
- improve IT system performance and reduce the risks and costs of excessive data storage

## 6. Outcomes

Compliance with this policy delivers the following:

- an established governance framework for managing records;
- measurable improvements in business processes and the services delivered to stakeholders;

- increased visibility of records management and its benefits with responsibilities clear and understood by all staff;

- risks associated with records management are identified, understood and arrangements to mitigate their impact are in place; and

- demonstrable evidence of compliance with statutory, regulatory and best practice requirements.

Compliance with the Records Management policy will also help to support PHSO's strategic aims by ensuring that the information we handle is managed in a way which:

- makes it easier for people to use and access our service (aim 1);

- enables more information to be processed in a customer focused way (aim 2);

- ensures we have the information available and accessible to share when required (aims 3 and 4); and

- supports the work of PHSO so that it is managing information efficiently and effectively (aim 5).

# 7. Records Management Principles

## Principle 1

The records of PHSO are a corporate asset and as such are an important source of its administrative, financial, legal, evidential and historical information; they are vital to the organisation's future operations, for the purposes of accountability and for an awareness and understanding of its history; they are the corporate memory of the organisation.

All records (including emails) belong to PHSO and not any individual or group. This data must therefore be stored in the appropriate corporate system and be available for operational use subject to normal access controls.

Records that are key to understanding the history of PHSO are identified in our Retention Schedule and are preserved in an accessible digitised format where possible.

## Principle 2

PHSO creates, captures, uses, shares, maintains, stores and disposes its records in accordance with all statutory, business and historical requirements. We ensure that the appropriate technical, organisational and human resource elements exist to make this possible.

**Records** – recorded information in PHSO is held in many different formats. Currently the master record of case files is a hybrid of hard copy and electronic file and a complete case record can only be determined through access to both. This status is subject to ongoing review in the light of PHSO's evolving corporate business objectives. Since the introduction of an EDRMS (Meridio) in 2011, most non-casework records exist in electronic format. However there will be some that

remain to exist in paper, electronic or other formats outside of Meridio. These records will be managed through effective governance.

**Security & Confidentiality** - PHSO recognises the importance of security and confidentiality and will comply with legal and best practice standards to ensure the confidentiality, integrity and availability of its information and systems. This is supported by the Protective Marking Scheme which classifies information according to its sensitivity.

**FOI/DPA/EIR** - PHSO has a team in place to deal with requests under FOI, DPA and EIR legislation. Implementation of the PHSO retention and disposal schedules ensures that information is not kept for longer than necessary and will facilitate prompt and definitive responses to information requests under the relevant legislation. All records should be stored in corporately accessible systems to ensure retrieval of appropriate information when requested.

## Principle 3

A record is created once and is available for sharing across the organization.

The implementation of an Electronic Documents and Records Management System (Meridio) enables the PHSO to work towards this principle.

## Principle 4

PHSO's records can be fully exploited to meet current and future needs and to support change. They are accessible to those who need to use and share them where appropriate, taking into account the need for effective security and appropriate confidentiality.

PHSO has implemented an EDRMS (Meridio) to enable the sharing of non-casework records across the organisation (as appropriate). This enables staff to re-use, rather than re-create, information. Further development of the architecture for its information systems will enables greater sharing of information across the organisation (as appropriate).

## Principle 5

There is effective governance of information and records management in PHSO supported by a comprehensive framework of guidance.

The Ombudsman has a duty to ensure that PHSO complies with relevant legislation and maintains records as evidence of its business.

PHSO provides assurance that records:

- exist or where appropriate have been destroyed in a controlled manner;
- can be accessed;
- can be interpreted;
- can be trusted;
- are maintained over time, and;
- are secure.

Records Management is a core corporate function and responsibility sits with the Information and Records Management team. This is supported by a network of

Local Information and Records Advisers (LIRAs), who manage local information and records management arrangements.

All records created, received and held by PHSO in the course of its functions belong to PHSO. However, there must be ownership of and responsibility for, information at a senior level in the organisation. Executive Directors and Directors involved in running the relevant business have been identified as Information Asset Owners. Information Asset Owners' responsibilities are identified in the terms of reference.

## Principle 6

Records Management is embedded within operational procedures and activities; as such all staff have a responsibility to ensure records are managed effectively and receive the necessary training and guidance to do so.

PHSO uses Meridio to manage most non-casework records throughout their lifecycle. Appropriate information governance and mechanisms will be in place to manage all PHSO records that are not integrated with Meridio (for example, in Visualfiles, SharePoint, the Intranet, shared drives etc.)

All members of staff are responsible for managing the records created or held in the course of their duties. Records must show the actions and decisions of PHSO – their everyday work. Appropriate training is provided to all staff to enable them to understand the requirements placed upon them and know how to manage information and records at PHSO. Adherence to this policy and other Information Governance policies will be formalised in job descriptions.

An introduction to Records Management is included in new staff Information Governance training.

Refresher training is provided when necessary to ensure compliance with the policy and procedures. Training is provided when any substantive changes are made to the policy or associated procedures or to accommodate changes to the legislative/regulatory environment that PHSO operates in.

## Principle 7

All PHSO staff and contractors who create, use, maintain or dispose of records have a duty to protect them and to ensure that any information that they add to the record is accurate, complete and necessary.

## Principle 8

The risk to effective records management is assessed corporately and managed appropriately at strategic and operational levels. Compliance with this policy and associated procedures will be subject to a programme of audit and assurance.

Risks related to poor Information Governance are recognised in strategic and operational risk management frameworks, with mitigation put in place as appropriate.

# 8. Roles and Responsibilities

All PHSO staff have a responsibility to ensure that our records are managed well. Different staff however have different roles in relation to records management and these responsibilities are outlined below:

1. **The Ombudsman**: Has a duty to ensure that her Office complies with the requirements of legislation affecting management of its records and with supporting regulations and codes. It is the intention of the Ombudsman that PHSO delivers an exemplary standard of information and records management.
2. **PHSO Board**: Has overall responsibility for authorising the information and records management policies and for ensuring their compliance across the PHSO.
3. **Executive Team**: Will approve substantial updates and changes to the Records Management Policy before submission to PHSO Board for final approval.
4. **Senior Information Risk Owner** (SIRO): Will act as an advocate for records management and information risk. They are the representative at the PHSO Board who understands the strategic business goals of the PHSO and how these may be impacted by the failure of information assets. The SIRO is responsible for ensuring that management of information risks are weighed alongside the management of other risks facing the organisation such as financial, legal and operational.
5. **Directors and Heads of functions**: Have responsibility for ensuring that records management procedures are implemented in their area and business activities are undertaken in accordance with these; this includes agreeing with the IRM function the retention and disposal periods for records they create and hold. They should also provide encouragement and support to LIRAs in their area.
6. **Head of Information and Records Management**: Is responsible for the management of this policy and its supporting procedures and will work closely with the Heads of Functions and business managers to ensure that there is consistency in the management of records and that advice and guidance on good records management practice is both provided and acted upon. Breaches of the Records Management Policy must be reported to the Head of IRM.
7. **Head of ICT:** Responsible for maintaining the technology used for recordkeeping activities; ensuring that confidentiality, integrity and availability of records is maintained at all times.
8. **Head of FOI/DP:** Responsible for ensuring that requests for access to information held by the Ombudsman's Office are responded to and for the development and maintenance of the protocol with the Information Commissioner on this matter.
9. **Local Information and Records Advisors (LIRAs)**: Are responsible for ensuring that records and information processes in their business unit conform to this policy and to the requirements of legislation and for providing support to immediate colleagues.
10. **Information Asset Owners**: Responsible for understanding the information assets held, what assets are added and what is removed, how information is moved, who has access to assets and why.
11. **All staff**: Responsible for documenting their actions and decisions and for maintaining records in accordance with good records management practice; they

are responsible for creating, sharing and keeping accurate and reliable records in compliance with this policy and supporting procedural documentation.

12. **Contractors, consultants, Internal Professional Advisers, Associate Clinical Advisors**: Everyone with access to PHSO's records is responsible for ensuring they do so in accordance with PHSO's information and records management policies and procedures.

# 9. Monitoring and Compliance

The Head of Information and Records Management is responsible for monitoring this policy to ensure it is up-to-date, relevant and continues to support strategic aims and objectives.

Breaches of the Records Management Policy must be reported to and handled by the Head of Information and Records Management or deputised to the Information Records Managers.

Compliance with this records management policy is regularly assessed by the IRM team and included within the internal audit programme and through annual information assurance statements to the SIRO.

Reviews will seek to:

- identify areas of good practice which can be adopted throughout PHSO;
- highlight where non-compliance, if any, is occurring; and where appropriate recommend remedial action to ensure exemplary records management standards are achieved and maintained.

# 10. Review

This policy will be formally reviewed at three yearly intervals or when changes internally or externally require it to be reviewed.

## Annex A – Definitions

**Appraisal:** the process of determining whether records have sufficient evidential, informational and historical value to be selected for permanent preservation amongst the PHSO Archive. Value is based on a number of factors, including the records' provenance and content, their authenticity and reliability, their order and completeness, their condition and costs to preserve them, and their intrinsic value.

**Archive:** records that have been selected for permanent preservation. Most PHSO records for selection have been pre-identified and are outlined in the casework and non-casework retention schedules. Some limited appraisal may however be carried out where appropriate. The principle of the PHSO archive is at present to only be for internal use. All paper records are digitised and the PHSO archive is available on Meridio. See the PHSO Digital Preservation Policy for further details.

**Archiving:** the processes associated with transferring records to the PHSO Archive (not to be confused with 'Semi-current storage').

**Corporate Fileplan:** the approved hierarchical list of terms to be used in categorising current records. It uses terminology common to the business functions and activities of the PHSO.

**Current records:** records still in active use (i.e. in the create, use or maintain stage).

**Digital Preservation –** is the set of processes, activities and management of digital information over time to ensure its long term accessibility. The goal of digital preservation is to preserve materials resulting from digital reformatting, and particularly information that is born-digital with no analog counterpart. Because of the relatively short lifecycle of digital information, preservation is an ongoing process.

**Disposal –** the processes associated with implementing records retention and disposal (i.e. destruction or archiving), which are documented in the retention and disposal schedules.

**EDRMS –** Electronic Document and Records Management System. A system that provides for the effective management of PHSO's non-casework documents. The PHSO currently uses Meridio.

**Information Security –** is defined as

'Securing, safeguarding and protecting the confidentiality, integrity and availability of all information, electronic or otherwise'.

**Metadata –** data describing context, content and structure of records and their management through time; 'data about data'.

**Record** - For the purposes of this policy the definition of a record used in PHSO is:

'A record is recorded information created, received and maintained by PHSO in pursuance of its legal obligations or in the transaction of business.'

This essentially means that anything created or received by any member of the PHSO as part of their work, such as emails, letters, Excel spreadsheets, PowerPoint presentations etc. must be treated as a PHSO record. It covers both structured (i.e. databases) and unstructured data (i.e. letters, documents). It is not to be confused with 'declared records' or 'vital records' (see below).

Records need to be:

- *Authentic*: it can be proven to be what it purports to be, to have been created or sent by the person purported to have created or sent it, and at the time purported
- *Reliable*: its contents can be trusted as a full and accurate representation of the transactions, activities or facts to which they attest and can be depended upon in the course of subsequent transactions or activities
- *Useable*: it can be located, retrieved, presented and interpreted. It should be capable of subsequent presentation as directly connected to the business activity or transaction that produced it.

  **Declared Records –** are records (as defined above) that have reached the end of the drafting process. Records that have not been declared are often referred to as 'documents' by EDRMS suppliers. All emails and documents once completed (i.e. emailed, posted, sign-off, approved) should be declared.

  **Vital Records –** are records containing information essential to the survival and recovery of an organisation in the event of a disaster.

**Records Lifecycle** – the PHSO views the lifecycle of the record as follows:

Create, Use, Maintain and Dispose

**Records Management -** as defined by BS ISO 15489

'the field of management responsible for the efficient and systematic control of the creation, receipt, maintenance, use and disposition of records, including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records'.

**Review** – the process of determining whether 'current records' have reached the end of their 'use and maintain' stage in the lifecycle and are ready to be disposed either through destruction or permanent preservation.

**Semi-current records** – records required only infrequently in the conduct of current business. Semi-current records (in paper format) are usually stored off-site pending their ultimate disposal. The Retention and Disposal team manage the process of sending and retrieving files from our 'semi-current storage' facility.