Information lifecycle Management Policy

First introduced September 2012
Review Date 23rd January 2018
Next Review Due 23rd January 2020

Physiotherapy2fit Ltd is committed to ensuring that, as far as it is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the basis of their age, disability, gender, race, religion/belief or sexual orientation. Should a member of staff or any other person require access to this policy in another language or format (such as Braille or large print) we will do our best to provide this in a format the user is able to access. Physiotherapy2fit Ltd will do its utmost to support and develop equitable access to all policies. The Director is responsible for ensuring staff are aware of Physiotherapy2fit Ltd policies and that staff adhere to them. It is also the Director's responsibility to keep staff up to date with new policy changes.

Staff are responsible for ensuring they are familiar with policies, know where to locate the documents on Physiotherapy2fit's main website, and seek out every opportunity to keep up to date with them

Independent contractors are expected to identify a lead person to be responsible for ensuring staff employed within their place of work are aware of Physiotherapy2fit Ltd policies.

Scope and Definitions
This policy relates to all clinical and non-clinical operational records held in any format by the Physiotherapy2fit. These include:
- All administrative records (e.g. Personnel, estates, financial and accounting records; notes associated with complaint-handling); and Human resource files
- All patient health records (for all specialties and including private patients, including x-ray and imaging reports, registers, etc)

Introduction
This Policy fulfils the function of an Information Lifecycle Management Policy as set out in requirement 107 of the Information Governance Toolkit.

What is "Information Lifecycle Management?"
Information Lifecycle Management is the policies, processes, practices, services and tools used by an organisation to manage its information through every phase of its existence, from creation through to destruction. Record management policies and procedures form part of Physiotherapy2fit Information Lifecycle Management, together with other processes, such as for example, a records inventory, secure storage, records audit etc.

The main principles of Information Lifecycle Management are:
(a) That it applies to information in paper and other physical forms, e.g. electronic, microfilm, negatives, photographs, audio or video recordings and other assets.
(b) That it relates to the five distinct phases in the life of information; creation, retention, maintenance, use and disposal

Why is this policy and strategy document required?
An organisation wide Information Lifecycle Management Policy and Strategy is necessary for identifying the resources needed to ensure that records of all type are properly controlled, tracked, accessible and available for use and eventually archived or otherwise disposed of in line with the principles contained within the NHS Records Management Code of Practice.

Without a comprehensive approach Physiotherapy2fit will be unable to fully implement the Freedom of Information Act 2000 requirements.

Many of Physiotherapy2fit's business activities are subject to legal provisions, regulations and Department of Health Standards which specify the way in which information must be recorded and presented e.g. financial records. These provisions are acknowledged and this document does not direct employees to act otherwise than in accordance with the relevant law, regulations and guidance.
This document ensures that Physiotherapy2fit meets the requirements placed upon it for Information Lifecycle Management. It should be read in conjunction with the suite of Information Governance Policy and Strategy documents and the Information Governance procedures.

Records Management
Records Management is the process by which an organisation 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 to their lifecycle to their eventual disposal.

NHS Code of Practice

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.

PCT Records

Physiotherapy2fit'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 Physiotherapy2fit 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.

Information (records) management, through proper control of the content, storage and volume of records, reduces vulnerability to legal challenge or financial loss and promotes best value in terms of human and space resources through greater coordination of information and storage systems.

All records created in the course of the business of Physiotherapy2fit are corporate records and are public records under the terms of the Public Records Act 1958 and 1967. This **includes** email messages and other electronic records. Public Records must be kept in accordance with the following statutory and NHS guidelines:

- Public Records Acts 1958 and 1967
- Data Protection Act 1998
- Lord Chancellors Code of Practice under Section 46 of the Freedom of Information Act 2000
- Information Governance Toolkit
- Records Management: NHS Code of Practice
- Standards for Better Health
- Caldicott Review of Patient Identifiable Information, 1997
- Audit Commission, Setting the Record Straight, 1995
- NHS LA Risk Management Standards
- and any new legislation affecting records management as it arises

The Director has adopted this information lifecycle 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 doing so. 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
- Reduced costs

Framework

This document sets out a framework within which the staff responsible for managing Physiotherapy2fit '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.

Delivery
This policy document should be read in conjunction with Physiotherapy2fit's Records Management Strategy which sets out how the policy requirements will be delivered.

Key Components
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 Physiotherapy2fit and preserving an appropriate historical record. The key components of records management are:

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

Records Lifecycle
The term **Records 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.

Recorded Information
In this policy, **Records** are defined as "recorded information, in any form, created or received and maintained by Physiotherapy2fit in the transaction of its business or conduct of affairs and kept as evidence of such activity".

Information is a corporate asset. Physiotherapy2fit's records are important sources of administrative, evidential and historical information. They are vital to the Physiotherapy2fit to support its current and future operations (including meeting the requirements of the Freedom of Information legislation), for the purpose of accountability, and for an awareness and understanding of its history and procedures.

Aims of the Records Management System
The aims of the Records Management System are to ensure that:
Records are available when needed – from which Physiotherapy2fit 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, 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; and
Staff are trained – so that all staff are made aware of their responsibilities for record- keeping and record management.

ROLES AND RESPONSIBILITIES Physiotherapy2fit **as a Corporate Body**
Physiotherapy2fit recognises that it has a specific corporate responsibility for records management. All contracts of employment must contain record keeping standards as laid out in this policy and in guidelines produced by regulatory bodies.

Physiotherapy2fit must have robust systems and processes that ensure that records are fit for purpose, are stored securely, are readily available when needed and are destroyed in compliance with the retention and destruction schedule at the end of the cycle of particular record.

Director
The Director has overall responsibility for records management in Physiotherapy2fit. As 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. The director is also the Caldicott Guardian and therefore 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.

Compliance with National Information Governance Standards
These standards include:

- Legislation (Data Protection 1998, Freedom of Information 2000, Access to Health Records 1990)
- Standards for Better Health (C9)
- The Information Governance Toolkit
- Records Management: NHS Code of Practice

The Director will ensure compliance with all National Information Governance standards.

Within Staff meetings all staff will:

- Identifying areas where improvements could be made
- Monitor compliance with the standards, legislation, policies and procedures relating to the management of records
- Ensuring records collection activities are rationalised by encouraging users to share records and the

information they contain (subject to Data Protection and agreed confidentiality guidelines)

Local Records Manager(s)/Supervisors
Individual Physiotherapists within Physiotherapy2fit have overall responsibility for the management of records generated by their activities, i.e. ensuring that records controlled within their departments are managed in a way which meets the aims of Physiotherapy2fit's Records Management policies.

All Staff
All Physiotherapy2fit staff, whether clinical or administrative, 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 Physiotherapy2fit and manage those records in keeping with this policy and with any guidance subsequently produced.

All staff must have an understanding of the key requirements of laws and guidelines concerning records, in particular those relating to confidentiality, data protection and access to information including under the Freedom of Information Act 2000. All staff and those carrying out functions on behalf of Physiotherapy2fit have a duty of confidence to patients and a duty to support professional ethical standards of confidentiality. The duty of confidence continues even after the death of the patient or after an employee or contractor has left the NHS. Unauthorised disclosure of information may lead to a complaint against the PCT or a disciplinary action against a member of staff for a breach of confidentiality.

Contractors and support organisations
Service Level Agreements and contracts must include responsibilities for information governance and records management as appropriate.

Legal and Professional Obligations
All NHS records are Public Records under the Public Records Acts. Physiotherapy2fit will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: 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;
- The NHS Confidentiality Code of Practice 2003
- And any new legislation affecting records management as it arises.
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Creation of a Record
All records must be created in accordance with the procedures for the creation, structure and format of a record.

Retention and Disposal Schedules
It is a fundamental requirement that all Physiotherapy2fit'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 Physiotherapy2fit's business functions.

Physiotherapy2fit has adopted the retention periods set out in the Records Management: NHS Code of Practice (detailed in Physiotherapy2fit's Retention Schedules for Health and Non-Health Records). The Retention schedule will be reviewed annually.

Audit
An annual audit must be undertaken by each Physiotherapist on another physiotherapists notes using the CSP records audit format in order to identify whether there are duplicate record formats in existence and undertake any remedial actions identified to ensure compliance with this standard.

Breaches in Security and Lost Records
Any incident or near miss relating to a breach in the security regarding use, storage, transportation or handling of records must be reported using the Physiotherapy2fit's Policy for Managing, Reporting and Investigating Incidents and Serious Untoward Incidents Reporting form.

A serious breach of security e.g. major theft or fire must be managed in accordance with the same Policy in relation to it being a Serious Untoward Incident.

A lost record is defined as any record that cannot be located within 5 working days of first attempt to access the record or any record that has been stolen from a known place, for example, the boot of a car. Any suspected thefts must be reported to the Police.

The director must be informed immediately of any loss or misplacement of any document that is used to record patient information, including diaries, or PCT business. When all efforts to locate the record have been exhausted, an incident form must be completed giving clear details of all actions including:

- When and where the record was last seen, with date known
- If stolen, from where and Police Incident Number Actions taken to locate file
- Also see Procedure for Dealing with Missing Records (Appendix A)

Training
All Physiotherapy2fit staff will be made aware of their responsibilities for record-keeping and record management through generic and specific training programmes and guidance. It must take full account of this policy.

Training in records management will be included in mandatory induction training for all staff, and refresher sessions made available to staff as and when needed.

Key Standards/ Performance Indicators
This policy supports the requirements of both Standards for Better Health core standard C9 and the Information Governance Toolkit requirement 107.
Performance Indicators:

- All records are appropriately structured as demonstrated at audit
- All records are appropriately stored or archived as demonstrated at audit
- No adverse incidents regarding security of the record or the information it contains.

Electronic Record System
Clinic Server is Physiotherapy2fit Provider Services method of recording and storing electronic patient information.

Review
This policy will be reviewed every two years (or sooner if new legislation, codes of practice or national standards are to be introduced).

Monitoring
The implementation of, and adherence to, this policy will be monitored via the Health Records Group (Provider Services) and the Information Governance Steering Group.

REFERENCES
NHS Records Management: NHS Code of Practice
Information Governance Toolkit Version 6 Requirement 107
Data Protection Act 1998

APPENDIX A
PROCEDURE FOR DEALING WITH MISSING RECORDS
Policy Statement
Physiotherapy2fit has set out the following procedure that staff must follow, when records are mislaid or missing.
Records are legal documents and as such can be required as evidence before:
- A Court of Law
- The Parliamentary Proceedings Committee
- The Professional Conduct Committee of the United Kingdom
- The CSP

Definitions A **Lost** record is defined as any record that cannot be located within 5 working days of the first attempt to access the record, or any record that has been stolen from a known place.

A record is defined as **unavailable** if it is in use elsewhere and/or cannot be retrieved in time for an appointment or within 24-hours of admission.

Procedure
Lost Records
The event must be logged via an untoward incident report, with a copy forwarded to the Director.

In the case of clinical records, a temporary record should be created, clearly marked as a temporary record, populated with all relevant information available for the patient.

When the original records are located the missing record log should be updated with the details of where/how the original record was located, and the two folders should be merged.

Unavailable Records
Unavailable records should be logged via an untoward incident report. A temporary record should be created, as described in sections below.

If an appointment/ admission or a decision is deferred because the record is not available this should also be recorded on the Missing Record Log

Reasons for record being unavailable may include:
- Record needed for another appointment/admission or meeting
- Record with Medical Secretary
- Record not tracked • Misfiled
- Wrong record/volume/temp record(s) set
- Record lost in fire/flood or other disaster
- Patient unable to locate patient-held record

Monitoring
The Physiotherapist or administrator should send a copy of the missing records log to the Director immediately.

APPENDIX B
GUIDANCE FOR STAFF CARRYING PATIENT RECORDS OR OTHER CONFIDENTIAL / SENSITIVE INFORMATION OFF-SITE

Who is this guidance for?
Any staff of Physiotherapy2fit staff including temporary, agency or bank staff and staff under contract, who are transporting confidential, sensitive or personally identifiable information themselves.

It does not apply to transportation by porters, internal or external mail, or transport of records between hospitals by ambulances or couriers.

What is covered?
This includes, *but is not limited to,* any patient records, sensitive financial, estates or personnel records, contracts, and confidential information relating to GP and other independent contractor practices. This information is hereafter called 'records' in the remainder of the guidance. If in any doubt talk to your line manager

Are formats other than paper covered?
- Any hard copy format is covered, including X rays.
- At local induction the Director will make clear to the individual what records they can take off-site and what, if anything, should never be removed without prior permission. This should ensure clarity of understanding and also that the individual does not need to get approval for individual records.
- No records should be removed from base unless they are needed for work.
- It is recognised that healthcare professionals may find it necessary to remove patient's health records from their base, to facilitate their daily practice of seeing patients in community setting. To reduce the risk of loss of such records and to reduce the risk of breaches of confidentiality there are various considerations to be made, based on best practice. Only those records required for the patients being seen in the community should be removed. Ideally, records should not be removed for general administration purposes, e.g. writing reports. There should be a trace or booking out reference kept at the base from which records have been removed.
- It is important that other staff know where the records have gone. Use the tracking system in place. If one does not exist then discuss creating one with your line manager. This does not have to be complex.
- Records should be transported from the office in suitable covers or containers so that they are protected and not in danger of being dropped or damaged. They should be handled carefully when being loaded or unloaded. Vehicles must be fully covered so that records are protected from exposure to weather, wind, excessive light and other risks such as theft.
- Records should not usually be left unattended in cars. However, it is acceptable to do so if there is a definite risk that they will be viewed by unauthorised personnel, damaged or stolen if they are taken into the building. Risk assess the situation and use your professional judgement to decide whether it will be safer to take the records into the house or to leave them in the car. If left in the car the records should be placed in a locked car boot out of sight, with the car alarm on if there is one.
- Cars should be parked in a secure and well-lit location.
- At the end of a working shift records it is best practice to return the records to the base office.
- If the member of staff does not return to base at the end of a shift, records must be removed from the car and care taken to ensure that members of the family or visitors cannot gain access. Ideally, records should be stored and carried in a secure case, and kept out of sight. Staff should ensure that they place the secure case in a cupboard or similar, as soon as they enter the house. If they do not have a secure case, notes should be stored in a locked cupboard or cabinet with access only by the member of staff.
- If the staff member is involved in a road traffic accident / incident which necessitates the car being left on the roadside or taken to a garage, records should be removed if possible. If this is not possible the

police should be informed that confidential records are in the car. The Director should be contacted and made aware of the situation. They should ensure that an incident form is completed and do whatever they can to help retrieve the records.

- If a member of staff’s car is stolen or broken into and records stolen, the police should be informed, the director should be contacted immediately and an Incident form completed along with the Lost Clinical Records Pro- forma
- Staff should not attempt to remove records from a burning car. The emergency services should be informed that records are in the car. The director should be contacted immediately and an incident form completed.
- It is inappropriate to work on records whilst travelling by public transport or in any non-Physiotherapy2fit, non-secure environment e.g. cafes