



 <p data-bbox="400 210 528 353">GIG CYMRU NHS WALES</p> <p data-bbox="564 210 826 353">Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p data-bbox="1102 197 1390 266">Policy / Procedure Approval Report</p> <p data-bbox="1038 309 1390 412">Name of Meeting Audit and Corporate Governance Committee</p> <p data-bbox="1134 421 1390 490">Date of Meeting 09 May 2024</p> <p data-bbox="1182 528 1390 598">Agenda item: 5.3</p>
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Section 1 - Policy / Procedure Information

Policy / Procedure Title	Records Management Policy
Policy Lead	Katie Donelon, Head of Records Management
Lead Executive	Claire Birchall, Interim Executive Director for Quality, Nursing and Allied Health Professionals
PHW / All Wales?	PHW
Date of last Review	New Policy
Is the current policy / procedure within review date?	Yes
Approving Body /Group	Audit and Corporate Governance Committee
Version Number	1.0
Recommendation	
<p data-bbox="204 1279 995 1317">That the Audit and Corporate Governance Committee:</p> <ul data-bbox="256 1352 1378 1576" style="list-style-type: none"> <li data-bbox="256 1352 1378 1426">• Considers the Records Management Policy (Appendix 1) and the Equalities Impact Assessment (Appendix 1a) <li data-bbox="256 1426 1378 1538">• Note that the Leadership Team endorsed the Policy to the Committee on 31st April 2024, and approved the Records Management Procedure (the procedure has been included for information only). <li data-bbox="256 1538 1378 1576">• Approve the Records Management Policy 	



Section 3 – Details of the Review:	
Background:	
Reason for review	New Policy
Description/Assessment	This policy provides direction to Public Health Wales staff on requirements of Records Management. The policy also sets out the responsibilities of all staff.
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes
Date range of consultation:	26.06.2023 – 24.07.2023
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	None
Had this policy / procedure been considered by any other groups?	Records Management Project Board
Had this policy / procedure been considered by any other groups?	Considered at the Leadership Team on 25.04.24
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	Comments from the Leadership Team were addressed following the meeting on 25.04.24 and an updated Policy was presented to them for their approval- approval received 31.04.24
Impact Assessments	
Equality and Health Impact Assessment	Included as appendix 1b
Welsh Language Impact	The Policy will be translated to welsh and available on the internet bilingually.
Risk and Assurance	This policy addresses the risk of Public Health Wales being non-compliant with various Records Management Legislation and an inability to locate records based on poor records management.
Health and Social Care (Quality and Engagement) (Wales) Act	PHW is required to have Policies and Procedures in place that set the direction of the organisation and ensure that staff understand their roles and responsibilities, thereby enabling a safe and effective service.
Financial implications	None
People implications	None



Socio Economic Duty

No implications for the socio-economic duty have been identified
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5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
Approval of Policy	May 2024	Assistant Director of Integrated Governance
Training and support for implementation already underway	Ongoing until March 2025	Head of Records Management

6. Dissemination

The primary source for dissemination of this Policy within the organisation, wider community and our partners is via the internet site.



RECORDS MANAGEMENT POLICY

Policy Statement

In order to fulfil its operational responsibilities, Public Health Wales receives and generates significant volumes of data and information. All recorded information is recorded in a document or record, and as such needs to be managed throughout what is known as the record's lifecycle:

- Creation (which includes receipt)
- Use or maintenance (processing)
- Storage, naming and retention
- Destruction or archiving
- Version Control

The aim of this Policy is to set out the organisational direction and guidance on how records should be managed throughout their lifecycle.

For the purposes of this Policy, records can be defined as:

- Records which constitute or contain personal data;
- Corporate or business records

All records that constitute personal data will be managed in accordance with the requirements of [UK data protection legislation](#) and such records will only be managed under this Policy where there is a clear, documented legal basis for doing so.

All corporate or business records will be managed in line [with the Lord Chancellor's Code of Practice on Records Management](#). Public Health Wales will only create, use, store or destroy records if there is a clear business requirement to do so.

Whilst it is recognised that a completely paperless environment is may be unrealistic at this point in time, staff will make every effort to ensure that records are created and stored in electronic form wherever possible, and unless there is a compelling reason for deviation, all records should be managed through MS SharePoint in accordance with published procedures and guidance. Where there is a requirement for paper records to be managed, this will be done in accordance with published procedures.

Executive responsibility for the delivery of the Records Management Programme sits with the Executive Director of Quality, Nursing and Allied Health Professionals who will ensure that sufficient resource is in place to establish and maintain an effective system for Records Management.

Linked Policies, Procedures and Written Control Documents

[All corporate policies and procedures are available on the Public Health Wales website](#)

Records Management Procedure
Guidance on Record Creation, Retention and Destruction

Scope

This policy covers all recorded information in any format including electronic, paper and other media i.e. CCTV recordings and Photographs. It is applicable to all employees, secondees, honorary contracted staff, volunteers and contractors who have access to such records.

Equality and Health Impact Assessment	An Equality Health Impact Assessment has been completed and included as appendix 1b
Approved by	
Approval Date	
Review Date	
Date of Publication:	
Accountable Executive Director/Director	Claire Birchall, Interim Executive Director, Quality, Nursing and Allied Health Professionals
Author	Katie Donelon

Disclaimer

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Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
1				New Policy

DRAFT

Equality & Health Impact Assessment for

Information Governance Policy
Email Acceptable Use Policy
Internet Acceptable Use Policy
Records Management Policy and Procedure
Information Asset Management Procedure
Data Protection Impact Assessment Procedure

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	N/A
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality Nursing and Allied Healthcare Professionals. John Lawson - Chief Risk Officer John.lawson@wales.nhs.uk 02920 104307
3.	Objectives of strategy/ policy/ plan/ procedure/ service	These policies set out the organisational requirements for dealing with Information Governance matters
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data 	These have been widely consulted upon throughout NHS Wales and Public Health Wales, from Board level to operational and support staff. The Information Commissioner has been a key stakeholder in

	<ul style="list-style-type: none"> • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>its development and the document has been through several iterations in its development, with comments and feedback being discussed and where appropriate incorporated at each stage.</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>These policies will have no direct impact upon service users, however the effect of it will be to improve the confidentiality, integrity and availability of personal data, which in turn will lead to increased public confidence. All staff are required to comply with these policies</p>

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The policies protect staff and the population in general.	None	None
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	These policies apply to all staff regardless of disability	None	None

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
medical conditions such as diabetes			
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	These policies apply to all staff regardless of gender	None	None
6.4 People who are married or who have a civil partner.	These policies apply to all staff regardless of marital status	None	None

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	These policies apply to all staff	None	None
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	These policies apply to all staff regardless of race, colour, culture or ethnic origin	None	None
6.7 People with a religion or belief or with no religion or belief.	These policies apply to all staff regardless of religious beliefs	None	None

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
The term 'religion' includes a religious or philosophical belief			
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	These policies apply to all staff regardless of sexual orientation		
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	These policies apply to all staff regardless of their income group		
6.10 People according to where they live:	None	None	None

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities			
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None	None	None
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	For staff who communicate using Welsh Language can identify through their line manager. These policies		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	are available in Welsh if required		
Treating the Welsh language no less favourably than the English language	None	None	None

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
None	These policies will have no direct impact upon service users, however the effect of them will be to improve the confidentiality, integrity and availability of personal data, which in turn will lead to increased public confidence.

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles • Diet/nutrition/breastfeeding	None	None	N/A	None required

<ul style="list-style-type: none"> • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 				
7.3 Social and community influences on health <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	None	None	N/A	None required
7.4 Mental Wellbeing <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	None	None	N/A	None required
7.5 Living/ environmental conditions affecting health <ul style="list-style-type: none"> • Air quality 	None	None	N/A	None required

<ul style="list-style-type: none"> • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 				
<p>7.6 Economic conditions affecting health</p> <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S 	None	None	N/A	None required
<p>7.7 Access and quality of services</p> <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel 	None	None	N/A	None required

<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	None	None	N/A	None required
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Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
No impacts identified	None required	John Lawson, Head of Information Governance		

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Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).



Records Management Procedure

Introduction and Aim

This procedure seeks to:

- Confirm the principles that guide staff on the correct way to, create, store and manage records effectively.
- Establish standardised principles and procedures to ensure

PHW:

- Has a clear process for managing records through their life cycle
- Clearly defines the roles and responsibilities for all groups of staff.
- Clearly outlines the expectations and requirements for managing records.

Linked Policies, Procedures and Written Control Documents

[All corporate policies and procedures are available on the Public Health Wales website](#)

- Records Management Policy
- All Wales Information Governance Policy
- Information Security Policy
- Guidance on Records Creation, Retention and Destruction of Records

Scope

This procedure is applicable to all Public Health Wales Staff, including those with honorary contracts.

Equality and Health Impact Assessment

An Equality, Health Impact Assessment has been completed and included as appendix 1b

Approved by

Leadership Team

Approval Date

31 April 2024

Review Date

31 April 2027

Date of Publication:

TBC

Accountable Executive Director/Director

Claire Birchall, Interim Executive Director of Quality, Nursing and Allied Health Professionals

Author	Katie Donelon, Head of Records Management
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APPROVED

Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
1				New Policy

APPROVED

Contents

- 1 Introduction
- 2 Legislative Framework
- 3 Roles and Responsibilities
- 4 Implementation of the Procedure
- 5 Monitoring Compliance
- 6 Retention Schedule
- 7 Guidance for Destruction of Records

Annex 1 Retention and Destruction Schedule

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Annex 2 Record of Destruction

Annex 3 Register of Repositories

1. Introduction

Corporate records are a vital and unique source of information for the management of an organisation and its business, evidence of activities and conduct, knowledge about expertise, work, and achievements. This document will set out the Public Health Wales procedures for the safe storage and retention of its records and how Public Health Wales will dispose of records in keeping with the Data Protection Act, the UK General Data Protection Regulation, The Lord Chancellor's Code of Practice on the Management of Records and the Records Management Code of Practice for Health and Social Care 2022.

There are a number of definitions of a record, which are useful to highlight. The ISO standard ISO 15489-1:2016 defines a record as: "Information created, received, and maintained as evidence and as an asset by an organisation or person, in pursuance of legal obligations or in the transaction of business."

Documents are the initial stages of a record, usually before they are formalised and approved. A record provides detail of a point in time, where decisions are made and recorded, policies and procedures are agreed and changes that affect staff and service users are implemented.

Documents are usually draft versions; records are final and where necessary, formally approved.

1.1 Scope

This procedure is applicable to all employees, secondees, honorary contracted staff, volunteers and contractors who have access to such records.

This procedure covers all records in all formats including electronic, paper, and other media i.e., CCTV recordings and Photographs.

1.2 Active Records Management

Active Records Management is a systematic and consistent control of all records throughout their life cycle. Every aspect of a record's life must be controlled: how they are produced or received, organised, and indexed, moved, stored, retrieved, retained and destroyed or stored permanently as archives. A complete list must be kept of active, inactive, archived and destroyed records.

Public Health Wales Board has taken a decision to implement SharePoint Online as the main Electronic Document Records

Management System (EDRMS) for the organisation and as such, unless another document repository has been allocated, for example, for infectious disease monitoring and control or Screening purposes, all staff are required to use SharePoint Online for this purpose.

When a document is saved for the first time **must** be given an appropriate descriptive name which describes the content. To this end, common sense should be used when naming a document /record, but the following naming convention format should be used to enable anyone who may be searching for the document to identify it easily. A pre-fix to the document type is given to give a clearer indication of the document, in addition to Metadata.

2. Legislative Framework

Public Health Wales has legal requirements for the accurate storage, retention and destruction under the following public authority acts:

- Public Records Act 1958 and Local Government Act 1972
- Freedom of Information Act 2000, specifically The Lord Chancellors Code of Practice in the Management of Records
- UK GDPR (General Data Protection Regulations) and Data Protection Act 2018
- Health and Social Care Act 2008
- **Health and Social Care (Quality and Engagement) (Wales) Act**

Other legislation requires information to be held as proof of an activity against the eventuality of a claim. Examples of legislation include the Limitation Act 1980 or the Consumer Protection Act 1987. The Limitation Act sets out the length of time in which a legal case could be brought after an event and sets it at six years.

3. Roles and Responsibilities

All staff (including employees, secondees, honorary contracted staff, volunteers and contractors.) will.

- In practice, all staff are responsible for any records which they create or use. This responsibility is established at, and defined by, the law under the Public Records Act 1958, Freedom of Information Act 2000, and the UK GDPR. Furthermore, as an

employee of the NHS, any records created are public records and it is the responsibility of **all staff** to ensure that they keep appropriate records of their work in Public Health Wales and manage those records in keeping with this procedure and with any guidance subsequently produced on behalf of Public Health Wales.

- This applies to all records, however, in relation to records that contain personal data, everyone working for or with the NHS who records, handles, stores, or otherwise comes across information has a personal common law duty of confidence. The UK GDPR and The Data Protection Act 2018 now places statutory restrictions on the use of personal information, including health information.
- All staff will adopt SharePoint as the main document store for record types that were previously held in network drives, except for Staff Records, until an alternative solution is established and where alternative arrangements are in place, for example where records are held within systems such as iPassport, Tarian and the Screening systems. Staff must utilise designated Metadata columns within SharePoint to allow for easy searchability of documents and records. All existing records DO NOT need to be transferred over to SharePoint; SharePoint will be adopted for NEW records from the end of the Directorate transition date.

Managers and Business Managers (or designated Records Management leads such as super users, where this role has been established locally) will:

- Support the wider team/division with the development of their SharePoint sites, including identifying the appropriate Metadata columns required for search-ability.
- Support with decision making around the possibility of any documents that need to be transferred from network drives, but this must be kept to a minimum.
- Ensure records that reach the end of their required retention period are deleted/destroyed confidentially and in line with current procedures and any records that need to be retained are done so in line with legislative requirements.
- Inform the Records Management Team at the earliest opportunity of any requirements to change staff access permissions to document libraries.

The Head of Records Management, with support from the Records Management Team will:

- Support staff with the creation and development of SharePoint, to include documented changes in permissions.
- Facilitate and support with training on Records Management procedures and the functionality of SharePoint.
- Be the first point of contact for queries, via PHWRecords.Management@wales.nhs.uk
- Support the Directorates with considerations and decision making on what (if any) records require transferring from network drives.
- Develop and implement an audit process for SharePoint sites, ensuring they are used correctly and effectively.
- Support staff with training and support on how to use the various elements and apps within SharePoint.

The Information Governance Service will:

- Support IOA and all staff with identifying when new assets should be included on the IAR (Information Asset Register) via the DPIA (Data Protection Impact Assessment) process.
- Advise all staff on IG (Information Governance) requirements of records storage where the document contains personal or sensitive data.

Executive Directors and members of the Executive Team will:

- Support the implementation of SharePoint as the designated Electronic Document Records Management System.
- Directors of Divisions within Public Health Wales are responsible for ensuring that the policy is implemented in their individual divisions. They will nominate departmental representatives, who will liaise with Public Health Wales Head of Records Management and Information Governance Managers on the management of records in that directorate.
- Records management responsibilities are included or will be written into all accountable individuals' job descriptions and clear procedures for retention of key records issued.

4. Implementation of the Procedure

4.1 Public Health Wales Live and Active Records

Public Health Wales is working towards a consistent organisational approach to the storage and naming of records of similar types,

though there are distinct differences in the records created and stored in each Directorate. The Records Management team has developed a simplified approach for naming conventions, due to the enhanced search capabilities using Metadata tagging, to ensure the easy retrieval of documents in the future. Documents should be named clearly, and staff should be able to identify the contents of the document or record, by the document name/title. Further guidance on naming conventions is available in [PHW Guidance on Record Creation, Retention & Destruction](#)

The Records Management Team will be a point of contact for questions and support in the creation and development of SharePoint sites, as well as undertake auditing activities to ensure records are being managed effectively moving forward.

4.2 Records Storage

Directorates, Divisions and teams must ensure that they have appropriate arrangements for secure and safe storage of records. The level of security and access will depend on the record's nature and value to Public Health Wales. Confidential and/or sensitive records or those which have permanent (archival) value must be secured appropriately, whether electronic or hard copy, and access must be audited and controlled.

All records must be stored with appropriate Metadata attached. This Metadata can be decided on a Directorate/divisional/team basis, depending on the type of document library or the needs for the service.

It is the responsibility of the Executive Director to ensure that appropriate arrangements and, if necessary, local procedures are in place to advise staff and to ensure compliance. It is the organisational policy that all organisational records should be stored within SharePoint Online, except for Staff Records, until an alternative solution is established and unless an alternative software system has been designated, for example iPassport or specific systems for Screening or Infection Control purposes.

Where records are NOT stored within SharePoint, this information must be recorded on the Register of Repositories. Please contact PHWRecords.Management@wales.nhs.uk to do this.

Annex 3 is a link to the Register of Record Repositories that has been created by the Records Management project team, detailing the storage areas for all records across the organisation, prior to the

introduction of SharePoint Online. It is the responsibility for each Directorate, Division and team to ensure to contact the Records management Team (PHWRecords.Management@wales.nhs.uk) if the storage location is changed. **The register will contain details of all records that are NOT held in SharePoint.**

4.3 Disposal of unwanted Public Health Wales records

All Public Health Wales staff dealing with the active management of records must adhere to **Annex 1** the "Retention and Destruction Schedule". Guidance for the retention and disposal of records is taken from the NHS Code of Practice on Records Management (part 2).

This procedure is a working list and will be subject to regular updates, as the needs of the service & legislation changes dictate.

When records are disposed of in line with the procedure, it is essential that the method used ensures that confidentiality is safeguarded at every stage and that full and complete records of destruction are kept for an audit trail, to show exactly what has been destroyed, by whom and when.

4.4 Incident Management

In the event of a major incident such as an outbreak, a specific SharePoint Site may need to be created for the management of records in relation to that incident, allowing all records to be stored in one place with assigned Metadata and tagging to facilitate an organised approach and simpler way to locate records later if required.

To request a site to be created, contact PHWRecords.Management@wales.nhs.uk

5. Monitoring Compliance

The Records Management Team have been tasked with conducting audit on the management of records throughout Public Health Wales. Records Management arrangements, especially for confidential and sensitive records will form part of this audit.

5.1 Managerial Accountability and Responsibility

The **Chief Executive** has overall responsibility for ensuring that records are managed responsibly within the Trust.

The **Trust Head of Records Management** is responsible for co-ordinating records management in the organisation and identifying key corporate records and providing guidance and advice on their management and retention.

5.2 Individual Responsibility

In practice, all staff are responsible for any records which you create or use. This responsibility is established at, and defined by, the law. Furthermore, as an employee of the NHS, any records which you create are public records and it is the responsibility of **all staff** to ensure that they keep appropriate records of their work in Public Health Wales and manage those records in keeping with this procedure and with any guidance subsequently produced on behalf of Public Health Wales.

Everyone working for or with the NHS who records, handles, stores, or otherwise comes across information has a personal common law duty of confidence. The UK GDPR and The Data Protection Act 2018 now places statutory restrictions on the use of personal information, including health information.

6. Retention Schedule

The records held within Public Health Wales vary in terms of requirement of retention. There is no common requirement for time they are stored. **Annexes 1 and 2** contain details of each record type and how long they are required to be retained. Some have mandatory retention periods, which are set in legislation. Others have retention periods which are defined by their value to Public Health Wales. Once a record is no longer required, steps can be taken to destroy that record or move it into an archive. This is particularly important for records that hold personal data as the UK GDPR states that personal data cannot be held for longer than it is required, for the performance of the task for which **it** was collected.

It is the responsibility of the department which creates or collects the information, to ensure that the retention periods are captured and/or updated on the retention schedule, to inform staff on how long it should be kept for. This must also include the required method for destruction at the end of its life cycle.

7. Guidance for the Destruction of Records.

When records held by Public Health Wales have reached the end of their life cycle, the process must be followed to ensure the safe archiving or destruction of such records. In the event it is deemed necessary to destroy records, appropriate information on the decision process must be recorded to complete that action.

Records with mandatory retention periods that have been destroyed also need to be recorded, as well as records that have local retention periods that have been deemed necessary for use by Public Health Wales. Further information can be found under [Article 5 of the UK GDPR](#)

Public Health Wales are obligated to ensure that it can demonstrate good practice of the above principles where personal data is stored. Data should not be held for longer than is necessary for the performance of the agreed task.

The organisation is required to ensure information is routinely destroyed in accordance with agreed retention periods. **Annex 2** contains a Record of Destruction which must be completed to document the destruction of records that have reached the end of their life cycle, or they have reached the time limit for which Public Health Wales are required to retain them for. It is the responsibility of the data owners to ensure this is completed.

8. Paper or Hard Copy Records

Paper or hard copy records are becoming increasingly less common within Public Health Wales as the organisation proceeds with digital records management solutions. Where appropriate, paper records should be:

- Scanned into SharePoint Online, with set naming conventions in set SharePoint document libraries, or to line manager's One Drive if they are staff related.
- Have assigned retention periods.
- Have assigned responsibility to appropriate members of staff
- Destroyed when they are no longer required for the performance of the task, or when they reach the end of the set retention period.
- A record of destruction kept when the record has reached the end of its life cycle.
- Have a clear, identified owner.

Where hard copy records require provisions of storage for an extended period, they should be held in an offsite storage facility. Please contact PHWRecords.Management@wales.nhs.uk for details of the current facility.

Annexes

- Annex 1 [Retention and Destruction Schedule](#)
- Annex 2 [Record of Destruction Template](#)
- Annex 3 [Register of Repositories \(sharepoint.com\)](#)

APPROVED