journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – To be published on the Trust external website

Records retention and disposition

Ref: CORP-0026-001-v2

Status: Approved
Document type: Procedure

Contents

1 Overarching policy

The Records Management Policy defines the legal duty to make sure records are managed from the moment they are created, to the moment they are destroyed or placed in special deposit for permanent archive.

You must read and understand the Records Management Policy before carrying out the procedures described in this document.

The Records Management Policy defines how good records management supports Our Journey to Change.

2 Objectives

- To ensure that there are appropriate secure controls in place for the archiving and destruction of records.
- To ensure that archiving and relevant destruction is managed.
- To ensure that responsibilities and accountability for archiving and destruction are understood.

3 Scope

3.1 What is a record?

A record is defined as:

"Information created, received and maintained as evidence and information by an organisation or person, in pursuance of legal obligations, or in the transaction of business"
BS ISO 15489.1

'A health record:

- Consists of data concerning health
- Has been made by or on behalf of a health professional in connection with the diagnosis, care or treatment of the individual to whom the data relates.'

Data Protection Act 2018

A staff record is the combined electronic and paper staff record which together give a full record of the staff member's employment history with the Trust.

Corporate or business records are the Trust's non-health records and relate to our business activity, supporting sound administrative and managerial decision making. If the document is evidence that something was done, or a decision was made, then it is a record and needs to be kept in a place where it can be found again.

Once a record is declared, it must be managed through its lifecycle, from creation and storage to retention and disposal. So records must be classified appropriately and captured in a way that assures their authenticity, reliability and lifespan.

3.2 What this procedure applies to

All Trust records including staff, administrative (corporate) and health records in any format. This includes, but is not limited to:

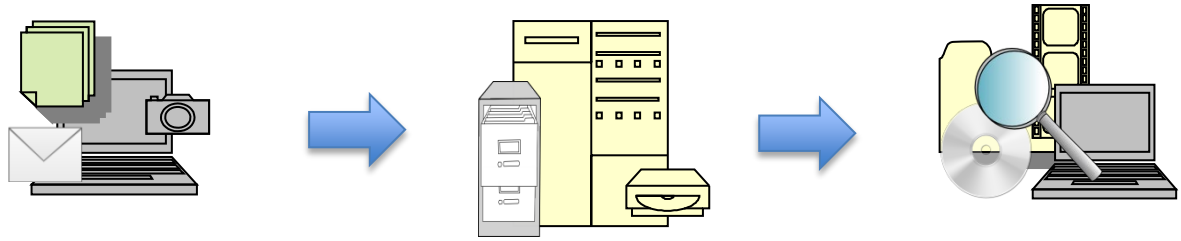
- Digital records including:
    - emails
    - computerised records
    - scanned records
    - text messages (SMS) social media (both outgoing from the NHS and incoming responses from the patient or service user) and instant messaging
    - metadata added to, or automatically created by, digital systems when in use. Content can sometimes be of little value if it is not accompanied by relevant metadata
    - websites and intranet sites that provide key information to patients or service users and staff
- Paper records
- Records in other formats such as:
    - photographs, slides, and other images
    - microform (microfiche or microfilm)
    - audio and video tapes, cassettes, CD-ROM etc

3.3 Roles and responsibilities

Role	Responsibility
Chief Executive	Responsibility for this procedure and its enforcement
Digital Performance and Assurance Group	• Delegated responsibility for oversight and approval of the destruction of records
Information Compliance Manager	• Developing this procedure
Head of Information Systems	• Implementing this procedure
Managers	• Implementing the Trust process for retention and destruction of records, and the recording thereof, at a team level

4 What is a record's lifecycle?

- A record's lifecycle can be viewed as the phases in a records 'life span'.
- The lifecycle starts when a record is created or received, and continues through its use, maintenance and storage, before finally being destroyed or permanently archived.
- The lifecycle of the record consists of three main stages:-



Creation / receipt **Maintenance and use** **Disposition**

All records must be managed through the stages of the records management lifecycle including retention and destruction.

Do not be tempted to destroy records once you think they have become obsolete.

No record may be destroyed without permission from the Digital Performance and Assurance Group.

Records may only be destroyed by Records Services staff.

Destroying Trust records without following due process may result in disciplinary proceedings.

5 Managing and storing records

5.1 Managing and storing paper records

All other non-health records and personal files for staff no longer employed by the Trust can be archived with prior arrangement. This ensures that documents are not being sent to external archive unnecessarily.

The Trust is currently not destroying records as a requirement of the Independent Inquiry into Child Sex Abuse (IICSA)

Managers of B7 and above have been requested to harvest and retain communication emails relating to the Trust response to the COVID-19 pandemic for presentation to the COVID-19 enquiry if required.

5.1.1 Paper clinical records procedure

Where storage allows, keep all clinical records for the team's open caseload locally. If storage is a problem, records may be held at the archive records libraries.

Contact the team via email at tewv.archiverequests@nhs.net to arrange for records for deceased and discharged patients to be transferred to the archive record libraries at Lanchester Road Hospital, Flatts Lane Centre or Huntington House.

Records will be stored offsite at the Trust's external document management facility where they will be available for access. Records stored in the Trust will be available to be picked up on request or posted out using the internal post system or other secure method.

1. Records must be catalogued before being transferred to external storage, using the standard catalogue spreadsheet for clinical records. This is available from archive record libraries at tewv.archiverequests@nhs.net
2. Once you have catalogued the records, contact tewv.archiverequests@nhs.net
3. Records service staff from the nearest team will contact you to discuss arrangements for the transfer of your records from their current location to a secondary storage location.
4. Arrange to securely transfer a copy of your records archive list to the Trust's archive library that is dealing with your records retention request.
5. A sample of records may be kept for permanent preservation at a place of special deposit; usually the county council archives.

5.1.2 Paper non-health (corporate) records procedures

1. Retain your team/departmental corporate records for as long as you have space for them, ensuring they are held securely and are protected from fire, theft and flooding.
2. Before you run out of storage space, contact tewv.archiverequests@nhs.net. They will advise which office will deal with the retention of your records and will advise what action you need to take.
3. Records must be catalogued before being transferred to external storage, using the standard catalogue spreadsheet for corporate records. This is available from archive record libraries.
4. Arrange to securely transfer a copy of your electronic catalogue to the Trust's archive library that is dealing with your records retention request.
5. Six months before the records meet the end of their retention period, contact the records service.
6. The records service will discuss the actions you need to take before destruction can proceed.
7. A sample of records may be kept for permanent preservation at a place of special deposit; usually the county council archives.

5.1.3 Paper staff records

1. Paper records for staff in post are the responsibility of the staff member's current Head of Department/Line Manager.
2. If an employee transfers from one Directorate/Department to another, the new manager must request their personal file from the staff member's previous Line Manager/Head of

Department. The Line Manager/Head of Department from whom the member of staff and their file is being transferred should record the details of the transfer and retain this record within the Department.

3. When appointing an external employee who has previously worked for this Trust, the personal file should be retrieved from external archive, or from the last place of employment within the Trust if the file has not been sent to archive.
4. Archive records in accordance with this procedure. When records are closed, they must be sent to external archive and kept for the duration of their minimum retention time.
5. Archive multiple volumes together. If the staff member has multiple volumes (i.e. more than one personal file), these should be archived together whenever possible. This makes retrieval easier should it be needed.

5.1.4 Paper records for Trans staff

For advice about record keeping options for Trans staff, contact tewv.ig@nhs.net or tewv.eandd@nhs.net

5.2 Managing and storing digital records including email

While the principles for the management and retention of electronic records are the same as for manual records, digital information presents a unique set of issues which must be considered and overcome to ensure that records remain:

- authentic
- reliable
- retain their integrity
- retain usability

Digital records are subject to the same retention times as their paper-based counterparts.

5.2.1 Digital patient records

The retention and disposal of electronic patient records will be overseen by Digital and Data Services.

5.2.2 Digital corporate records

1. Emails produced or received in the conduct of Trust business are considered to be corporate records.
2. Refer to the Minimum Standards for Corporate Record Keeping. The archiving and cataloguing process will be supported by the information department and records service to agreed standards.
3. The technical and procedural requirements for securing the integrity of records held on electronic systems and preserving archival copies will be addressed within system-specific policies.
4. The information department has guidelines around electronic storage routines and these should be followed. Contact tewv.informationsecurity@nhs.net for advice.

5.2.3 Digital staff records

Currently, the declared staff record is a hybrid of ESR (Electronic Staff Record) and paper file.

Any electronic documentation for retention on the staff file (e.g. documents completed and shared whilst working from home such as return to work forms, supervision documents, appraisal documentation) must be printed and retained in the paper file.

5.3 Vital records

These records contain information essential to the survival of the Trust in the event of a disaster. They are records that protect the interests and rights of the Trust, its staff and service users. They are likely to include current year financial information, records relating to current service users and those relating to staff benefits, insurance, pension rights, proof of ownership, legal proceedings, and decisions. Vital records include:

- Contracts or agreements that prove ownership of property, equipment, vehicles etc.
- Operational records such as current accounting and tax records, current personnel and payroll records
- Service user health records
- Minutes of major meetings minutes and governance that describe the organisational structures etc.
- Records of historical value and enduring public interest selected for permanent preservation.

5.4 Other records

Records in formats other than paper or electronic may need special consideration before their destruction or permanent preservation, for example:

- Microfilms / Microfiche;
- Legacy systems;
- Films, photographs, slides and other images;
- Audio and video tapes, cassettes, CD-ROM etc.;

Email tewv.ig@nhs.net for advice.

If you have records in these formats please inform the Patient Systems Administrator six months before their retention period expires.

6 Retention times

The Trust adheres to the records retention schedule set by NHS Digital for both health and non-health records. Refer to the schedule for a complete list of records and their associated retention times.

⚠ The Trust's catalogue of destroyed records is kept permanently

7 Appraisal

When a record comes up for destruction it will be reviewed for:

- Whether it is to be retained in relation to the independent inquiry into child sex abuse (click the link to view the categories of document for retention). No patient records are currently being destroyed.
- Value for research purposes
- Value for legal purposes
- Value for historical purposes i.e. sampling for permanent retention at the Public Records Office
- Identified familial illnesses

Evaluation takes place before sending the record to archive. However, because information changes, checks will be made before final destruction takes place.

A list will be issued to the Digital Performance and Assurance Group to confirm that destruction can proceed. If any of the above criteria for retention are identified this will be highlighted. In all cases confirmation will be sought that destruction can take place.

Records staff will check that the notes do not include any documentation with a later date or information which would render the record liable for further retention.

The Digital Performance and Assurance Group will review the destruction criteria annually to identify if any special clinical/corporate reasons exist which may mean retention of a class or type of record becomes necessary i.e. for research purposes.

Where no special reasons for retention are identified, the records will be destroyed in a secure manner and certification of this process will be retained by the records service.

⚠ All clinicians and managers are responsible for marking files upon discharge/closure if considered necessary for retention as a special category.

The case note folder has a retention, disposal and destruction panel printed on the rear inside back cover for this purpose. Corporate folders should be marked in the same way.

When undertaking an appraisal of records for destruction the archive libraries will ensure that all information about an individual/subject is drawn together since there can be a number of case folders held about one individual/subject. This will include reviewing the electronic records that are held together with any other media such as pictures, digital images etc. Records that are to be held outside of their common retention time will be identified.

8 Continued retention

The retention periods given in the retention schedule are the minimum periods for which records must be retained for health and care purposes. In most cases, it will be appropriate to dispose of records once this period has expired, unless the records have been selected for permanent preservation.

Any requirement to retain records for longer than the stated minimum, e.g. public inquiries, will be communicated to the organisation and updated within this procedure.

A record that is part way through being processed for an access request must not be disposed of because the minimum retention period has been reached.

Where records contain personal data, the decision to retain must comply with UK GDPR. Decisions for continued retention beyond the specified retention periods must be recorded, made in accordance with formal policies and procedures by authorised staff and set a specific period for further review. For advice, contact tewv.ig@nhs.net

Generally, where there is justification, records may be retained locally from the minimum period set in this Code, for up to 20 years from the last date at which content was added.

8.1 Patient records

There may be gaps between episodes of care. If a patient begins a new episode of care whilst their previous record is still within agreed retention periods, then these episodes of care will link, and the retention period will begin again at the end of the current episode. This may mean that some or all of the information from the previous episode will go over a 20-year retention mark, but this is acceptable as it links to a more recent care episode.

8.2 Other types of records

For records that are not staff or patient records, for example, board minutes or records relating to buildings, a different arrangement is in place. Where an organisation needs to keep any other type of record beyond 20 years, then approval must be sought separately from the Secretary of State for Digital, Culture, Media and Sport.

This is the case even where the recommended retention period is longer in the Code.

The Code does not recommend a minimum retention period beyond 20 years for most of these types of record. However asbestos, radiation and some building records have longer retention

periods due to current legislation at the time of writing. These must be retained for the retention period set out in the Code at this time.

Any applications for approval should be made via the Information Governance team to The National Archives in the first instance (asd@nationalarchives.gov.uk).

8.3 Records for permanent preservation

The Public Records Act 1958 requires organisations to select records for permanent preservation. Selection for transfer under this Act is separate to the operational review of records to support current service provision. It is designed to ensure the permanent preservation of a small core (typically 2-5%) of key records, which will:

- enable the public to understand the working of the organisation and its impact on the population it serves
- preserve information and evidence likely to have long-term research or archival value

Records for preservation must be selected in accordance with the guidance contained in the NHSD Records Management Code of Practice 2021. Any supplementary guidance issued by The National Archives and local guidance from the relevant Place of Deposit (PoD) should always be consulted in advance of any possible transfer. This is to ensure it is appropriate to transfer the records selected. As a rule, national organisations, such as NHS England, will transfer their records to The National Archives, and local NHS and social care organisations will transfer their records to the local PoD, as appointed by the Secretary of State for Culture, Media and Sport.

Selection may take place at any time in advance of transfer. However, the selection and transfer must take place at or before records are 20 years old. Records may be selected as a class (for example, all board minutes) or at lower levels down to individual files or items.

Where it is known that particular records will be transferred to PoDs routinely, this will be noted in the Trust's Records Management Policy with the reason for the routine transfer. One-off transfers should also be noted for reference. Where it is known a record will form part of the public record at creation, it must be preserved locally until such time it can be transferred. PoDs will know which types of records they will always take (such as board minutes). The National Archives is working on providing guidance on which record will always be transferred and those that might be of local interest.

8.4 Patient or service user records for permanent preservation

Records of individual persons may also be selected and transferred to the PoD provided this is necessary and proportionate in relation to the broadly historical purposes of the Public Records Act 1958 and PoD agreement.

Patient confidentiality will normally prevent use for many decades after transfer and the physical resource will be substantial. Therefore, the transfer of patient records will only be considered where one or more of the factors listed below apply:

- the Trust has an unusually long or complete run of records of a given type
- the records relate to population or environmental factors peculiar to the locality
- the records are likely to support research into rare or long-term conditions
- the records relate to an event or issue of significant local or national importance
- the records relate to the development of new or unusual treatments or approaches to care, or the organisation is recognised as a national or international leader in the field of medicine or care concerned
- the records throw particular light on the functioning, or failure, of the organisation, or the NHS or social care in general
- the records relate to a significant piece of published research

Any policy to select patient records will only be agreed after consultation with appropriate clinicians, the Digital Performance and Assurance Group who are responsible for records management and the Caldicott Guardian.

Any records selected will be retained by the Trust until the patient is deceased, or reasonably assumed to be so. Records no longer required for current service provision may be temporarily retained pending transfer to a PoD. Records containing sensitive or confidential information should not normally be transferred early, unless in agreement with the PoD.

If a patient or service user expresses a wish that they do not want their health or care record transferred to a PoD, this must be respected unless the transfer is required by law.

8.5 Transfers of records to the Place of Deposit

Records selected for permanent preservation should be transferred to the relevant PoD appointed by the Secretary of State for Digital, Culture, Media and Sport. PoDs are usually public archive services provided by the relevant local authority. Current contact details of PoDs and the organisations which should transfer to them can be found on The National Archives website. This could be the county record office, or a specialised facility run by local authorities for the county.

There is a mandatory requirement to transfer some types of records whereas others will be subject to local agreement. The NHSD Records Management Code of Practice 2021 identifies records which should be transferred to the locally approved PoD when business use has ceased. There may also be records of local interest which need to be transfered to the PoD (such as a continuation of a series already transfered). Before any transfer is made, the Head of Information Governance will liaise with the local PoD to enable agreement on which records will be transferred and the process for doing so.

Transferred records should be in good condition and appropriately packed, listed and reviewed for any FOIA exemptions. Records selected for transfer to a PoD (after appraisal) may continue to be exempt from public access for a specified period after transfer in accordance with Section 66 of FOIA.

9 Destruction of records

The destruction of records is an irreversible act. All destruction of records will be managed by the records service either at Lanchester Road or Flatts Lane Centre archive record libraries.

Destruction must not be undertaken without the authorisation of the Head of Information Governance who acts on behalf of the Digital Performance and Assurance Board.

9.1 Destruction of paper records

Paper records selected for destruction can be destroyed, subject to following ISO 15489-1:2016. Destruction is only conducted under contract with an approved offsite company.

The destruction provider provides a certification of destruction for the bulk destruction of records. This certification must be linked to a list of records, so the Trust has clear evidence that particular records have been destroyed.

Records that do not contain personal data or confidential material can be destroyed in a less secure manner (such as confidential waste bins that do not provide certificates of destruction). If in doubt, material should be treated as confidential and evidentially destroyed.

Do not use the domestic waste or put records on a rubbish tip to destroy identifiable, confidential material, because they remain accessible to anyone who finds them.

The British Security Industry Association (BSIA) has provided a guide on information destruction.

9.2 Destruction of digital records

Destruction implies a permanent action. For digital records ‘deletion’ may not meet the ISO 27001 standard as the information can or may be able to be recovered or reversed. Destruction of digital information is therefore more challenging

All electronic records must be archived and catalogued prior to their destruction.

1. Once you have declared a document as a record only the Digital Performance and Assurance Group has the authority to consent to deletion (destruction). You must leave your records unaltered in the archive folder.
2. Six months before a record’s retention period draws to a close you should seek approval from the records service manager for approval for deletion (destruction).
3. You must provide the records service with an electronic list of the records you believe are appropriate for potential deletion. Record the following details:

- Date record created (for records on shared drives, this is available from 'File Properties')
- Name of record
- Purpose of record
- Date retention period expires

4. The technical and procedural requirements for securing the integrity of records held on electronic systems and preserving archival copies and the destruction of electronic records will be addressed within system-specific policies. A record needs to be destroyed electronically and in paper before it can be considered destroyed.

The process for destruction of hardware, hard drives or storage media is documented within the IT & Telephony Reassignment and Disposal Procedure,

Electronic systems will vary in their functionality. The ability to permanently delete records from the system will be documented within the System Specific Policy. If a system doesn't allow permanent deletion, then all reasonable efforts must be made to remove the record from normal daily use. It should be marked in such a way that anyone accessing the record can recognise it as a dormant or archived record. All activity in electronic systems must be auditable, and (where appropriate) the System Specific Policy should cover archived digital records.

In relation to FOIA, the ICO guidance determining whether information is held advises that once the appropriate limit for costs incurred for that FOI has been reached, there are no more requirements to recover information held. The only exemption to this would be where the organisation is instructed by a court order.

9.3 When information cannot be destroyed or disposed of

The following are examples of when information cannot be destroyed or disposed of:

- if it is subject to a form of access request, for example, Subject Access Request (SAR), FOIA request
- if it is required for notified legal proceedings, for example, a court order, or where there is reasonable prospect of legal proceedings commencing (an impending court case). This information will possibly be required for the exercising or defending of a legal right or claim
- if it is required for a coroner's inquest
- if it is of interest to a public inquiry, for example, who will issue guidance to organisations on what kind of records they may require as part of the inquiry.

10 Requests to access records held in the Place of Deposit (PoD)

Once transferred to the PoD, records are still owned by the Trust and all relevant laws will apply. Individual records deposited with PoDs are still protected by the UK GDPR, FOIA and duty of

confidentiality. Where records are kept for permanent preservation for reasons other than care, consideration will be given to preserving the records in an anonymised way to protect confidentiality. Where this is not possible, then as many identifiers as possible will be removed.

Where a local PoD holds Trust records and access is requested, the PoD will liaise with the Trust before releasing any information (including any checks for SARs required by UK GDPR and any exemptions under FOIA). This allows for a check for any harmful information that may be in the record or if there are other grounds on which to withhold the record. Where a public interest test is required, the Trust must carry this out and inform the PoD of the result. The Trust will decide what information to release and, where information is withheld, explain the reason why (except in exceptional circumstances, for example, a court order to the PoD).

Unless there are exceptional circumstances, PoDs will not normally continue to apply FOI exemptions to records more than 100 years old.

Where a patient has died, the UK GDPR no longer applies but FOIA applies regardless as to whether the individual is alive or not. The Section 41 (confidence) exemption of FOIA and the duty of confidence remain relevant so records cannot be accessed by anyone who does not have a lawful basis to view a record. In general, health and social care information will remain confidential after death.

The duty of confidence does diminish over time, but it is recommended that at least 10 years should have passed after a person's death before reviewing the consequences of relaxing disclosure controls on information about a person previously regarded as confidential. This review should consider the potential harm or distress to surviving family members of disclosing information that might be regarded as particularly sensitive or likely to attract publicity, and the risks that the disclosure might undermine public trust in the health and care system. When a person is deceased, the Access to Health Records Act 1990 may enable access to the health record for a limited purpose by specified individuals (such as those with a claim arising out of the death of the person).

11 Partnership working

Integrated records for community teams which are social services led may adopt the retention and destruction policies of social services provided that they follow NHS Digital standards i.e. mental health records must be kept for 20 years from the date that the individual was last seen or 8 years after their death and learning disability records must be kept for 10 years after the person dies. Clinical psychology records must be kept for 20 years. Where there is a discrepancy between social services and NHS Digital retention times, the records will be archived by the Trust if the NHS Digital times are of a longer duration than social services.

With regard to the scanning and destruction of records the policies and standards laid down by the NHS Digital must be followed and social services must sign an agreement to confirm that this is the case.

All records archived in such a manner must be fully accessible by health staff and lists of any data electronically stored must be held by the archive records libraries at Lanchester Road and Flatts Lane as well as the local teams.

Full back-up discs must also be held by the Trust in a format that can assure access is maintained for the life of the record.

No agreements should be entered into without the approval of the Head of Information Governance.

11.1 Tracing and tracking

You must record the movement of records from your area to the archive records libraries using a tracer card or logging out register. Contact the Information Governance team for advice at tewv.ig@nhs.net. The final movement of records into the archive libraries for retention or destruction will be recorded by records service staff as part of the disposition process.

11.2 Access to records

While records are stored in the records archive libraries they will still be available for access under the Data Protection Act 2018, UK GDPR or Freedom of Information Act 2000. Requests for access must follow the prescribed procedures which are laid down in statute. See the Requests for Information Procedure.

12 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

12.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	Records management workshop	0.5 day	Annually

13 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Clinical record keeping audit	Annually	Digital Safety and Governance Board

14 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	28 April 2023
Next review date	28 April 2026
This document replaces	CORP-0026-001-v1 Records Management – Records Retention and Disposition Procedure
This document was approved by	Information Governance Group
This document was approved	09 November 2022
This document was ratified by	Digital and Data Management Meeting (virtual approval- to be minuted retrospectively)
This document was ratified	28 April 2023 (virtual approval- to be minuted retrospectively)
An equality analysis was completed on this policy on	24 October 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1	04 Jul 2018	Full revision. Changes throughout in line with GDPR and to reflect revised governance structure	Published
1	12 April 2021	Review date extended to 04 January 2022	Published

1	Nov 2021	Review date extended to the 31 March 2022	Published
1	April 2022	Review date extended to the 31 July 2022	Published
2	24 Jan 2023	Full revision in line with NHSD Records Management Code of Practice 2021. Scope of the procedure redefined in line with the Code of Practice. Expanded definition of electronic records and email as records. New sections added for continued retention and transfer of records to Place of Deposit. Title of governance group updated to Digital Performance and Assurance Group. Process for destruction extended to include when records cannot be destroyed.	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Digital and Data Services
Title	Records management – records retention and disposition procedure
Type	Procedure
Geographical area covered	Trust-wide
Aims and objectives	• To ensure that there are appropriate secure controls in place for the archiving and destruction of records. • To ensure that archiving and relevant destruction is managed. • To ensure that responsibilities and accountability for archiving and destruction are understood.
Start date of Equality Analysis Screening	May 2021
End date of Equality Analysis Screening	24 October 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Anyone whose data the Trust is entrusted to hold and process.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men, women and gender neutral etc.) **NO**

	• **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO**
Describe any negative impacts	None
Describe any positive impacts	The procedure ensures that all records about people are managed within the legal framework from the moment they are created, to the moment they are destroyed or placed in special deposit for permanent archive.

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NHS Digital Records Management Code of Practice 2021 Data Protection Act 2018 and UK GDPR Freedom of Information Act 2000
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes

If you answered Yes above, describe the engagement and involvement that has taken place	This procedure has undergone full Trust-wide consultation. Trust staff comprise all protected characteristics.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	**Training needs**
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	
Describe any training needs for patients	
Describe any training needs for contractors or other outside agencies	

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	**Implementation and monitoring**		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Yes	