Public – To be published on the Trust external website

Minimum standards for Corporate Record Keeping

Ref: CORP-0026-003-v2.1

Status: Approved
Document type: Procedure
Overarching policy: Records Management Policy

Contents

1 Introduction

Corporate or business records are the Trust's non-health records and relate to our business activity. This procedure is necessary to support staff to manage corporate records through their lifecycle, from creation and storage to retention and disposal, supporting sound administrative and managerial decision making.

This procedure supports Our Journey To Change (OJTC) as set out in the Trust's Records Management Policy.

2 Purpose

Following this guidance will help the Trust to:

- Recognise documents as corporate records.
- Store, search for and retrieve document, records, folders and files quickly and easily.
- Understand the standard folder structure for the Trust's shared drive and how it should be used and interpreted.
- Comply with the law and NHS records management standards.
- Consistently describe similar functions and activities across the Trust.

3 Who this procedure applies to

This guidance applies to all staff working in the Trust including contractors and temporary staff and covers the management of documents and records in electronic or paper format or hybrid (a mixture of both electronic and paper formats).

Anyone who creates a document or record has a duty to correctly name, categorise, classify and store it in such as way as to ensure it is retrievable. Classification of documents and records is discussed in section 5.

This guidance covers MICROSOFT 365 and shared drive file structures.

4 Related documents

This procedure describes what you need to do to implement the Records Management Policy in relation to corporate records.

5. 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

"An NHS record is anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of NHS employees including consultants, agency or casual staff"
NHS Records management Code of Practice

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.

The NHS has developed a records classification system based on the scheme implemented by the Cabinet Office. The scheme recommends that sensitive corporate information such as financial and contractual records are marked **'NHS Restricted'** when practicable, including both electronic and paper records. See Appendix 3 for more information about document security markings.

Records are valuable information assets. Any that are specific to your service should be declared on your service's Information Asset Register and risk assessed by the Information Asset Owner. This will support the Trust's obligation to understand what records we hold, why they are needed, where they are, who has access to them. See Information Asset Register Procedure.

It is important that only one definitive copy of a record exists within the organisation. It is essential that staff understand how to share and protect paper and electronic records to ensure the most appropriate storage of this "one version of the truth".

6. Storage principles

6.1 Electronic documents and records

6.1.1. Function of the document

- Consider the function of the document rather than the team you work within.

- Functions describe the business of the Trust and in this context will include core functions that any business will have to enable it to operate such as Finance or Human Resources. Whatever a team's own core function, there will also be aspects of its business that fall within HR or Finance function.

- Think about:
    - What is the ultimate purpose of this document?
    - What function does it fulfil for the organisation?

  This will determine where it should sit in the folder structure.

6.1.2. Record owner

Consider who owns the record, as this will determine who has control of the "one version of the truth". The information creator may not be the ultimate owner.

6.1.3 Using files and folders

Folders and files bring together a set of records about the same activity, topic or transaction. The folder title must clearly identify the single activity, topic or transaction.

- Folders should be determined by:
    - function/activity – contents are all about or referring to the same thing.
    - security requirements – the same group of people should be able to view or use the content.
    - retention schedule – all documents and records in a folder must need to be archived or disposed of at the same time

For example, to determine where a meeting sits in the file structure, consider the purpose of the meeting:

- **For assurance?** In Corporate management / meeting admin or Assurance
- **For information?** Requires a clearly marked meeting folder within the relevant function/subject
- **Team meeting?** In Corporate management / Meeting admin / Team meeting or Business Management under the appropriate service/team
- **Sharing clinical information?** In Service delivery / Team meetings or Governance under the appropriate service team

6.1.4. Declaring a document as a record

Declaring a document as a record is a formal point of transition when it passes into corporate ownership

Once a document is declared as a record, it must be protected from change and assigned a retention period.

6.1.5. Emails as records

Emails can be, and often are, formal business records which provide evidence of important transactions and are disclosable under the Freedom of Information Act 2000 and the Data Protection Act 2018 via the Subject Access Request process.

Emails should therefore be managed with the same diligence with which we manage other corporate and clinical records. For example, emails relating to a project should be saved with all other records relating to the same project.

⚠ Your mailbox is not a record repository. Emails that are records should be filed in the appropriate Trust filing system, be that the S drive, the H drive or the paper records.

6.1.6. Audiovisual recordings as records

Audiovisual recordings may be considered as records, for example as part of a tribunal or investigation.

⚠ If you use a Trust dictation device, you must ensure that dictations are uploaded within 24 hours of recording to mitigate the risk of information loss in the event of loss or breakage of the device.

An audiovisual recording of a meeting which is made for the purpose of producing minutes of the meeting is not considered to be a record once the meeting minutes have been approved.

6.2 Microsoft 365 and records

ⓘ Microsoft 365 must not be used as a repository for staff or patient information/records.

MICROSOFT 365 allows you to share and collaborate on documents without the need to email the document as an attachment. Corporate records such as meeting minutes, agendas and team rotas are ideally suited to this usage. However currently MICROSOFT 365 must not be used as a repository for staff or patient information/records.

See the MICROSOFT 365 IT Support page of the staff intranet for more information on the use of MICROSOFT 365.

Any proposals for new uses of MICROSOFT 365 should consider whether a Data Protection Impact Assessment (DPIA) is needed. For advice, contact tewv.dpia@nhs.net or read the Data Protection Impact Assessment Procedure for more information.

If MICROSOFT 365 is the only repository for your team's Trust records (i.e. they are not being backed-up to the shared drive), these need to be declared on and signposted from your service's Information Asset Register. (See Information Asset Register Procedure).

6.3 Paper records

Paper records should be stored with their creator, or stored centrally within their creator's department. You should retain only one copy of a paper record.

If a record exists in electronic format, consider the authentication of the paper vs electronic record and establish which one is the primary record. For example, some HR personnel records require a signature, so the paper version will be the record which needs to be protected.

⚠ Do not keep duplicates of corporate records unless there is a legal reason to do so.

Logging in and out registers or tracer cards **must** be used for tracking the movement of these records (see Moving Records and Sensitive Information Procedure).

Paper records must be stored securely, e.g. in lockable cabinets or storage areas to prevent unauthorized access. However, remember that records must remain accessible during periods of staff absence.

Store paper records so they are protected from damage from fire and flood.

6.4 Transitory records

A transitory record is a document with short term value and is usually needed only for the time required to complete the overarching action.

An example might be duplicate copies of appointment documentation which are retained within HR Recruitment while the permanent records are the documents held within the employee's personnel file.

Some records may need to be retained as a transitory record, to support the definitive record. These temporary records are subject to retention periods and must be managed accordingly.

6.5 Life cycle management

The Trust has a comprehensive retention schedule based on NHS guidance. If you need advice on record retention, please contact the information governance department at tewv.ig@nhs.net

Whilst the Trust is subject to public inquiry, we must not destroy any records. Click this link to find more information on the staff intranet: Public inquiry – important update to all staff on document management | Latest News | TEWV Intranet

6.6 Tracking and tracing

Paper corporate records that contain person identifiable information (e.g. personal files) must be tracked and traced when being moved and must be transported in sturdy sealed envelopes or opaque wallets.

See Moving Records and Other Sensitive Information Procedure.

7. Naming your records, files and folders

7.1 General Principles

The title should describe the contents.

- ✓ Use natural language and spell out words in full. Ensure the title is:
  - Specific.
  - Meaningful and sensible.
  - Understandable and helpful to others.
  - Formulated with the most specific information at the beginning and the most general at the end.
  - Similar in structure and wording to comparable or linked files.
- ✓ Always write the names of organisations in full and never use unapproved abbreviations or acronyms unless absolutely necessary. Acronyms often become obsolete over a period of time and can have more than one meaning (a list of approved abbreviations is at the end of this document).
- ✓ The title should have enough information for you or your colleagues to identify it.
- × Never include commas or symbols, e.g. % £ / \ @ in the title of a file, folder, document or record.

7.1.1. Dates

- ✓ If the date is significant, use the YYYY MM DD convention. This keeps documents in strict date order.

  For example, a document requiring a date of 29 May 2025 should be saved as 2012 05 25.
- ✓ *Folders used for recording year and month should use the YYYY MM convention.*

  For example, 2013 with the following sub folder headings 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12
- ✓ Folders for the reporting of financial year records should use the YYYY – YYYY, YYMM convention.

  For example, 2025 – 2026 with the following sub folder headings 25_04, 25_05, 25_06, 26_01, 26_02 etc.
- ✓ Folders used for reporting of quarterly reporting use the YYYY, Quarter 1, Quarter 2, Quarter 3, Quarter 4 convention.

7.1.2. Version control

Distinguish versions of documents by including a version number as part of the title. This ensures a clear audit trail for tracking the development of a document.

Use standardised version control (v0.01, v0.02, v1.01 for drafts, v1.00, v2.00 for final versions).

7.2 Common folders and themes

Folder name	Purpose
Resources	Forms and templates, logos, labels, photographs – information and documents you use as blanks. You do not work within a Resources folder; rather, you take the resource and use it elsewhere in the structure
Administration	Information and documents for team eyes only and relating to the management of the team rather than the function – e.g. work in progress, tracking logs, private forms and contacts lists
Reference	Documents used for additional information – statistics, external reports
Work in progress	For draft, unfinished or non-ratified versions of documents. **Records should not be stored here.**
TEWV internal / TEWV external	For final or ratified versions of documents and records, depending on their level of confidentiality

7.3 Naming documents and records

- ✓ Give each record a unique and meaningful name that reflects the record's contents
- ✓ Remember that the folder structure is part of the file name. If a document needs to be moved to a different folder or emailed, you may need to rename it if its name no longer makes sense.
- ✓ Store all correspondence by date (in reverse order e.g. 27 March 2026 = 2026 03 27) and subject (not recipient, as this breaches the Data Protection Act) e.g.: *Letter 2026 03 27 Appointment.docx*
- ✓ Avoid repetition of the folder name within the file name,
  e.g. S:/ Human Resources/Staffing/Induction/**Corporate**/**Corporate**induction.doc
- ✓ Ensure that files named after patients or staff members are contained in a folder which is **only** able to be viewed by those authorized to access that information.
- ✓ Names must always be specific and descriptive. NEVER use "Miscellaneous", "Stuff", "Ad hoc", "Bits and pieces".

7.4 Naming folders

✓ Give folders names that are concise and specific to the contents

× Do not give folders generic names such as 'Other', 'Miscellaneous', 'Stuff', 'Assorted', 'Things', 'General', 'Various' etc.

7.5 Naming files and folders after people

✓ Folders named after people must be **Surname Firstname** and if appropriate (Known as) e.g. Smith Rachel (KA Claire).

✓ If two people have the same name, use the Patient ID number to differentiate patients and employee ID number to differentiate staff.

× Never use initials in the title of a folder, file, document or record – always use the role or job title in full, for example, Chief Executive not CE.

⚠ Ensure that folders named after staff members or patients are contained in a folder which is **only** able to be viewed by the authorised staff.

⚠ Folders should **not be named after people**, unless they are patient-related or within HR and are sited within protected folders so view of the folder is restricted.

ⓘ If a patient or staff member has changed their name as part of their gender reassignment, the organisation must confirm with the individual which name they wish to appear on all records. All records, including folders, must then be updated to reflect the name the individual has chosen.

Names must not be crossed out, overwritten, or replaced in a way that reveals previous identities. Alternate names must only be included if the individual explicitly requests this. This practice is essential to protect confidentiality and prevent inadvertent disclosure ("outing") of a person's gender identity.

7.6 Naming emails

All the comments that apply to documents also apply to naming email, but there are other aspects to consider when storing emails as records:

✓ Email titles must accurately describe their content.

✓ Change the title of the email if it does not accurately reflect its content.

- ✓ Emails are easier to file if they deal with a single issue – so try to create emails with this in mind.
- ✓ If an email is relevant to more than one place, save it in one location and save a link or shortcut to the email in other relevant locations.
- × Do not remove all instances of 'FW' and 'RE' from the title of an email.
- × You don't need to include the word 'email' as part of the title as the file type will make that clear.

7.7 Develop best practice

Teams should discuss these issues and agree some common terminology and standard practice for naming pieces of work that you will all adhere to. This will make it easier for you and your colleagues to find that vital piece of work when someone is absent.

Share these terms and standard practice with other comparable teams.

8. Network folder structure (electronic records only)

8.1 Local disc / Desktop / C:\ drive

8.1.1. What is the C:\ drive?

The C:\ is the hard disk drive in your desktop computer or laptop.

8.1.2. Information on the C:\ drive

- × You **must not** store any documents, records or Trust information on the desktop or C:\ drive of your computer. Information stored here is encrypted on laptops but not on PCs, and cannot be backed up so it is neither secure nor reliable. It may also put the Trust at risk when we dispose of the computer or laptop.
- ✓ You **must** always store Trust records on the network drives.

8.2 Home drive (H:\)

8.2.1. What is the H:\ drive?

This is your personal folder on the Trust network and is designed to hold information that is relevant only to you, or that should only be accessed by you. Examples might include your CV,

line manager's documents on individual staff members or draft documents you are not ready to share with others.

8.2.2. Information on the H:\ drive

- You **must not store Trust records on the H drive** as records must be accessible to everyone who needs them. If you leave the Trust and have work stored on the H drive, you must ensure that it is shared with your manager before leaving.
- If you are a line manager storing staff information on your H drive, be aware that you must not hold personal information for longer than is absolutely necessary.

  For advice, refer to the Trust's retention schedule and the Data Protection Act principle that personal data that is processed for any purpose must not be kept for longer than is necessary.

8.3 Shared drive (S:\)

8.3.1. What is the S:\ drive?

This is the shared network drive where you will store most of the electronic documentation created as part of your job role. Your main shared drive will be mapped to S:\.

Shared drives are designed to allow departments and services to share information and work with each other. All the information you create as you work constitutes evidence of Trust activity and may be needed for reference by others in the future. It is important that you understand who else has access to the shared drive so you can make informed decisions about storing records appropriately.

8.3.2. Corporate file structure

The corporate file structure is built on each shared drive and comprises a high-level set of folders which staff should use to store their files. This ensures that information is stored in a consistent format and categorisation throughout the organisation.

8.4 Trustwide shared drive (T:\ and K:\)

These drives are used to store and share information across services and disciplines, where no appropriate area exists on the shared drive.

The K drive is currently only available to LD and Human Resources.

8.5 Additional shared drives (F:\ - Z:\)

Some staff may need to access more than one shared drive. Additional shared drives can be mapped using other letters, but all act in the same way as the S drive.

9. Erasure of personal data and restriction of processing

The Data Protection Act 2018 introduced the right to erasure of personal data and the right to restrict processing. The Act defines the circumstances under which these rights can be exercised. All such requests **must** be forwarded to the Data Protection Officer to be considered on an individual basis **before** any further action is taken.

10 Definitions

Term	Definition
Categorise/Categorising	The process of arranging documents and records according to shared characteristics.
Category	The class of documents and records that are considered to have shared characteristics.
Classification scheme	A scheme that defines how to mark sensitive documents and records to identify how they must be handled and stored.
Classified	Classified documents and records are those which contain sensitive information, the access to which needs to be controlled.
Classify(ing)	The process of identifying how to mark sensitive documents and records
Corporate Records	See section 5
IAA	Information Asset Administrator – see Information Asset Register Procedure for more information
IAO	Information Asset Owner – see Information Asset Register Procedure for more information
IAR	Information Asset Register – see Information Asset Register Procedure for more information
Microsoft 365	O365, now known as Microsoft 365 is a cloud-based platform that provides access to Microsoft products such as Word and Excel. Storing records in Microsoft 365 means that they are stored externally to the Trust, and that the Trust would be reliant on its supplier to support with visibility of records, backups and disaster recovery.

11 How this procedure will be implemented

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

11.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	Data Security and Awareness Training for New Starters	1 hour	Once
All staff	Information Governance mandatory Day 1 training for New Starters	1 hour	Once

12 How the implementation of this procedure will be monitored

Number	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	Freedom of Information (FOI) Requests	Frequency = Quarterly Method = metrics Responsible = FOI Lead	Digital Performance and Assurance Group
2	Subject Access Requests	Frequency = Monthly Method = metrics Responsible = Head of Information Governance	Digital Performance and Assurance Group
3	Information Incidents	Frequency = Monthly Method = metrics Responsible = Head of Information Governance	Digital Performance and Assurance Group

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	24 April 2026
Next review date	30 April 2028 (2-year review as per NHS CoP 2021)
This document replaces	CORP-0026-003.v2 Minimum Standards for Corporate Record Keeping
This document was approved by	Information Governance Group
This document was approved	15 April 2026
This document was ratified by	Data Protection and Assurance Group
This document was ratified	24 April 2026
An equality analysis was completed on this policy on	10 March 2026
Document type	Public
FOI Clause (Private documents only)	Not applicable

Change record

Version	Date	Amendment details	Status
2	21 Feb 2023	Full revision in line with NHS Records Management Code of Practice 2021. Minor amendments throughout. Addition of section 8 MICROSOFT 365 and records	withdrawn
2.1	24 Apr 2026	Full review with minor changes: Removed reference to 2012 and 2014 filing structures. Brought MICROSOFT 365 and Records towards the top of the document. Added warning boxes re not deleting records due to public inquiry and naming files after people in relation to Trans patients and staff. Added requirement to add service-specific records to Information Asset Register and cross-referenced Information Asset Register Procedure. Replaced the phrase ‘service user’ with ‘patient’ in line with Trust standard.	Published

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment 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	Minimum standards for corporate record keeping
Type	Procedure/guidance
Geographical area covered	Trust-wide
Aims and objectives	These standards aim to ensure the Trust keeps records that are consistent and are legally admissible in a court of law.
Start date of Equality Analysis Screening	02 March 2026
End date of Equality Analysis Screening	10 March 2026

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All staff who create and input into electronic and paper corporate records. Patients, families, carers, partner organisation and others who benefit from good record keeping.
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **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 / people who are breastfeeding, women / people accessing perinatal services, women / people 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** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	None
Describe any positive impacts / Human Rights Implications	All staff will benefit from having their person identifiable and sensitive information protected, managed and used in a consistent and transparent manner.

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 Records Management Code of Practice 2021 Data Protection Act 2018 and UK GDPR
Have you engaged or consulted with patients, 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	Version 2 of this procedure underwent full staff 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 impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	None
Describe any training needs for patients	None
Describe any training needs for contractors or other outside agencies	None

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		
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	10 March 2026
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?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	

Appendix 3 - Controlled vocabulary – a dictionary of terms

Term	Definition	
Approved abbreviations – Trust Sites Names	APH	Auckland Park Hospital
	CLH	Cross Lane Hospital
	FLC	Flatts Lane Centre
	FPH	Foss Park Hospital
	LRH	Lanchester Road Hospital
	RPH	Roseberry Park Hospital
	WPH	West Park Hospital
	WLH	West Lane Hospital

Approved abbreviations -	ESR	Electronic Staff Register
	AMH	Adult Mental Health
	CQC	Care Quality Commission
	CMHT	Community Mental Health Team
	CRHT	Crisis Resolution and Home Treatment
	CYPS	Children and Young Peoples Services
	EMT	Executive Management Team
	ECT	Electro-Convulsive Treatment
	GP	General Practitioner
	HCA	Health Care Assistant
	IHST	Intensive Home Support Team
	IHTT	Intensive Home Treatment Team
	LD	Learning Disability
	MHA	Mental Health Act
	MHSOP	Mental Health Services for Older People
	MOVA	Management of Violence and Aggression
	NHS	National Health Service
	NICE	National Institute for Clinical Excellence
	PCT	Primary Care Trust
	PICU	Psychiatric Intensive Care Unit
	POVA	Protection of Vulnerable Adults
	SALT	Speech and Language Therapy
	SIS	Secure Inpatient Services
	TEWV	Tees, Esk and Wear Valleys
Correspondence	Incorporates letters, emails, faxes – any contact with another person, regardless of mechanism Files to be saved as Letter <date><subject> Memo <date><subject> Fax <date><subject> Emails: saved as title of email (see 2.5 above)	
Documents for meetings	Folder title will be name of meeting, sub folder (if required) is date of meeting by year/month	

	Agenda<date> Minutes <date> <date> <supporting document title> (ideally this should be a link to rather than a duplicate copy of an actual document) e.g.: Information Governance Group /202504/Agenda20250429
Document status	Final – is the ratified / approved version of a Trust document/record Major version – a draft or work in progress version which needs to be retained as a record Minor version – a draft version which does not need to be retained as a record
Document security markings	Folders **Work in Progress** – contains documents which are in draft / in progress and are not in their final version **Private** – documents in a final version which should not be shared beyond the team within which the folder sits without agreement from the team **TEWV internal** – documents in a final version which can be shared throughout the organisation but are not for public consumption **TEWV external** – documents in a final version which can be shared outside the organisation Files **NHS Confidential** should mark patient identifiable clinical information passing between NHS staff and between NHS staff and staff of other appropriate agencies and is treated with the highest security **NHS Restricted** shall be used to mark all other sensitive information such as financial and contractual records **NHS Protect** – for other Trust information which should be shared with caution and consideration
Incidents	YYYYMMDD incident ref
Standard names	Standard working processes (replaces Standard working instructions, standard operating instructions)
Version control	The last number determines whether the document is a draft or final/ratified document. A .0 denotes ratified document, any other number (0.01, 0.12 etc) denotes draft status. Drafts named as v 0.01.docx, 0.02.docx etc Ratified versions as v 1.00 Subsequent revisions in draft form as 1.01, 1.02 etc Subsequent ratified versions as 2.00, 3.00 etc

	For policies and procedures, which use major and minor ratified versions this is adjusted slightly – minor versions are recorded in brackets, so examples could be: Policy v1.00.docx = first ratified version of policy Policy name v 1(1).00.docx = subsequent ratified version incorporating minor amends Policy name v2(3).01.docx = draft version based on the version 2(3) which is second major version with third minor amends incorporated