

## RECORDS MANAGEMENT

### STANDARD

**A systematic and planned approach to the management of all records is in place within the organisation that ensures, from the moment a record is created until its ultimate disposal, that the organisation can control both the quality and quantity of information it generates; can maintain that information in a manner that effectively services its needs and those of its stakeholders; and it can dispose of the information appropriately when it is no longer required.**

### OVERVIEW

This standard covers HPSS records of all types, both corporate and administrative, including:

- Patient/client's health records (electronic or paper based: including those containing all specialities, but excluding GP medical records).
- Accident and Emergency, Birth, and all other Registers.
- Theatre Registers and Minor Operations (and all other related) Registers
- Administrative records (including e.g. personnel, estates, financial and accounting records; notes associated with complaint handling).
- X-Ray and imaging reports, output and images.
- Photographs, slides and other images.
- Microform (i.e. fiche/film).
- Audio and videotapes, cassettes, CD-Rom etc.
- Computer databases, output and disks etc and all other electronic records.
- Material intended for short term or transitory use, including notes and 'spare' copies of documents.

Recent legislation, particularly the Freedom of Information Act 2000, is having a significant effect on record keeping arrangements in public authorities. HPSS bodies must ensure that records management policies and procedures are fully compliant with this new legislation and with government policy on the management of information. Further information can be accessed via the Freedom of Information website <http://www.foi.nhs.uk/home.html> and <http://www.proni.gov.uk>.

An effective records management service ensures that such information, in whatever medium, is properly managed and is available:

- To support patient/client's care and continuity of care.
- To support day-to-day corporate activities which underpin delivery of care.
- To support evidence based practice.
- To support sound administrative and managerial decision-making, as part of the knowledge base for HPSS services.

- To meet legal requirements, such as those relating to the storage, handling and disposal of records as well as requests from patients under access to health records legislation.
- To assist with various audits.
- To support improvements in clinical effectiveness through research and also support archival functions by taking account of the historical importance of material and the future needs of research.
- Whenever and wherever there is a justified corporate need for information, and in whatever media it is required.
- To ensure that the management of such data is appropriate and that any risks to the integrity of the data are minimised.

The organisation should identify the range and type of information:

- Generated within the organisation (for example, individual patient/client's records, other information relating to patient/client's care, data required to support the business activities of the organisation etc)
- Passed by the organisation to other stakeholders
- Received by the organisation from other individuals/organisations.

It is also important to organise the different risks associated with the various systems of data capture, recording and retrieval and for these to be controlled, i.e. paper based systems may require different controls than those which are computer based, although the underlying principles of confidentiality etc will remain common. It is also essential for any assessment to consider the potential variation in records management across the organisation (in that different organisations may well have historically different records management systems, especially if there is no previous history of working together). Ensuring that all organisations comply with relevant policies and legislation and maintain the highest standards of data management is central to the achievement of the organisation's objectives.

HPSS staff are responsible for the safe-keeping of all records which they handle. This includes being conversant with systems provided for the tracking of records so that their locations are known at any time.

The development of electronic records for both patient services and administration will offer benefits, but also significant challenges. Records, management strategies will need to take account of the opportunities presented by new standards and a developing Health Records Infrastructure, and of the effort required to make a smooth transition from paper to electronic record keeping.

Records management strategies will need to include measures for ensuring the confidentiality, integrity and availability of electronic records. Full account should be taken of electronic patient records in business continuity planning.

Information is the lifeblood of the HPSS organisation and is essential to the delivery of high quality evidence-based health care on a day-to-day basis. Records are a valuable resource because of the information they contain. That information is only usable if it is correctly recorded in the first place, is regularly updated, properly stored and maintained, and is easily accessible when needed.

It should be noted that any lists of examples throughout this standard are not exhaustive.

### Assessment Guidance

HPSS organisations vary significantly in size and in the nature of the services they deliver. It follows that not all controls assurance standards will apply to each organisation. This is implicit in the current Departmental guidance, e.g. *The Reference Table on Applicability and Expected Levels of Compliance* which should be referred to before commencing the self-assessment exercise.

Even where a standard is generally applicable to the work of an organisation it is quite possible that not all of the criteria will be materially applicable. Before self-assessing against a standard, therefore, an organisation should consider the relevance of each criterion to its own business and conduct its assessment accordingly. Thus, where a criterion is clearly relevant to an organisation, the score should be based on the **totality of the action taken to address the requirement**. Where there is little or no relevance, the criterion should be considered “not applicable” and ignored for scoring purposes as explained in the guidance on *Reporting Compliance* issued by the Department.

This approach will ensure that the assessment has no unfairly detrimental effect on the organisation’s overall score but reflects a proper evaluation of the key areas of risks identified and the actual levels of controls put in place to manage those risks.

Likewise, the *Examples of Verification* set out in the standard are just that – examples, for guidance only. Once again, it is the nature of each organisation’s business that determines the type of evidence needed to prove that appropriate controls are in place. In effect, this may mean that only some of the examples listed are relevant to a particular HPSS organisation or, indeed, that there are other more relevant examples which can be adduced as evidence of compliance. It is also the case that some evidence can be deployed to demonstrate compliance with more than one criterion or standard.

## KEY REFERENCES

The majority of documents appearing on this page are downloadable in PDF (Portable Document format). Viewing these requires **Adobe Acrobat Reader** on your computer. If you do not have this free software, you are advised to contact your administrator to arrange for a copy to be installed on your computer. Alternatively Adobe Acrobat can be downloaded directly from Adobe's website <http://www.adobe.com/acrobat>.

The links below were all accurate at the time of publication.

British Standards Institution (1999) *A code of practice for legal admissibility and evidential weight of information stored electronically*. BS PD 0008: 1999 London, BSI <http://www.bsi.org.uk/index.xalter>.

British Standards Institution (2000) *Information security management* BS 7799-ISO/IEC17799: 2000 London BSI <http://www.bsi.org.uk/index.xalter>.

British Standards Institution (2000) *Recommendations for the storage and exhibition of archival documents* BS5454 <http://www.bsi.org.uk/index.xalter>.

British Standards Institution (2002) *Effective Records Management: Part 1, A management guide to the values of BS ISO 15489-1* BS PD 0025-1: 2002 London, BSI <http://www.bsi.org.uk/index.xalter>.

British Standards Institution (2002) *Effective Records Management: Part 2, Practical implementation of BS ISO 15489-1* BS PD 0025-2: 2002 London, BSI <http://www.bsi.org.uk/index.xalter>.

British Standards Institution *Storage, transportation and maintenance of media for use in data processing and information storage*. BS 4783: London BSI <http://www.bsi.org.uk/index.xalter>.

Great Britain (1987) *The Consumer Protection Act 1987* The Stationery Office, London [http://www.hmso.gov.uk/si/si1987/Uksi\\_19871680\\_en\\_1.htm](http://www.hmso.gov.uk/si/si1987/Uksi_19871680_en_1.htm).

*The Access to Health Records (Northern Ireland) Order 1993* [http://www.legislation.hmso.gov.uk/si/si1993/Uksi\\_19931250\\_en\\_2.htm](http://www.legislation.hmso.gov.uk/si/si1993/Uksi_19931250_en_2.htm)

Great Britain (1998) *the Data Protection Act 1998* The Stationery Office, London <http://www.hmso.gov.uk/acts/acts1998/19980029.htm>.

Great Britain (2001) *The Health and Social Care Act 2001* The Stationery Office, London <http://www.hmso.gov.uk/acts/acts2001/20010015.htm>.

Great Britain (1958) *Public Records Act 1958 (as amended)* The Stationery Office, London <http://www.hmso.gov.uk/si/si2001/200140058.htm>.

Health Activists Group (2002) *Hospital Patient Case Records: a guide to their retention and disposal*

<http://www.pro.gov.uk/archives/standards/hospitalrecords.htm>.

HCASU The Health Care Standards Unit <http://www.hcsu.org.uk>.

IHRIM Institute of Health Record and Information Management

<http://www.ihrim.co.uk>.

Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland – Good Management Good Records.

[http://www.dhsspsni.gov.uk/publications/2004/DHS\\_Goodmanagement.pdf](http://www.dhsspsni.gov.uk/publications/2004/DHS_Goodmanagement.pdf)

Lord Chancellor's Code of Practice on the Management of Records Issued under section 46 of the Freedom of Information Act 2000 (November 2002)

<http://www.foi.gov.uk/codemanrec.htm>

HSS (PPM) 3/02 Corporate Governance: Statement on Internal Control

<http://www.dhsspsni.gov.uk/hss/governance/guidance.asp>

HSS (PPM) 4/05 AS/NZS 4360:2004 – Risk Management

<http://www.dhsspsni.gov.uk/hss/governance/guidance.asp>

HSS (PPM) 8/02 Risk Management in the Health and Personal Social Services

<http://www.dhsspsni.gov.uk/hss/governance/guidance.asp>

HSS (PPM) 10/02 Governance in the HPSS – Clinical and Social Care Governance: Guidelines for Implementation

<http://www.dhsspsni.gov.uk/hss/governance/guidance.asp>

HSS (PPM) 13/02 Governance in the HPSS: Risk Management

<http://www.dhsspsni.gov.uk/hss/governance/guidance.asp>

HSS (PPM) 5/03 Governance in the HPSS: Risk Management and Controls Assurance

<http://www.dhsspsni.gov.uk/hss/governance/guidance.asp>

HSS (PPM) 8/04 Governance in the HPSS: Controls Assurance Standards – Update

<http://www.dhsspsni.gov.uk/hss/governance/guidance.asp>

CREST - "Protocol for the Inter Hospital Transfer of Patients and Their Records"

<http://www.crestni.org.uk/protocol.pdf>

## **INDEX OF RECORDS MANAGEMENT CRITERIA**

### **Criterion 1 (Accountability Arrangements)**

Board level (i.e. the senior management team responsible for the organisation as a whole) responsibility for records management is clearly defined and there are clear lines of accountability for records management throughout the organisation, leading to the Board.

### **Criterion 2 (Records Management Strategy)**

There is an organisation-wide records management strategy, which is endorsed by the Board.

### **Criterion 3 (Responsible Senior Manager)**

A senior manager is responsible for co-ordinating, publicising, implementing and monitoring the records management strategy and reporting on a regular basis to the Board.

### **Criterion 4 (Records Management Programme)**

The organisation has a comprehensive records management programme which includes the cost-effective management of non-current as well as active records, the storage, tracking, retrieval, environmental control and destruction of records when no longer required, and which also takes account of the organisation's risk management policy and strategy.

### **Criterion 5 (Staff Roles and Responsibilities)**

All managers ensure that staff are aware of their personal responsibilities for record keeping. This includes the creation, use, storage, security and confidentiality of records.

### **Criterion 6 (Links to Organisational Plans and Controls)**

Records management services and control are included in the organisation's plans and strategies.

### **Criterion 7 (Provision of Training and Records Management Information)**

Employees, including managers are provided with appropriate information, instruction and training on records management matters.

### **Criterion 8 (Key Indicators)**

Key indicators capable of showing improvements in records management and/or providing early warning of risk are used at all levels of the organisation, including the Board, and the efficacy and usefulness of the indicators is reviewed regularly.

**Criterion 9 (Monitoring and Review)**

The systems in place for records management are monitored and reviewed by management and the Board at least annually in order to make improvements to the systems.

**Criterion 10 (Audit)**

The Board seeks independent assurances that an appropriate and effective system of managing records is in place and that the necessary level of controls and monitoring are being implemented.

**CRITERION 1****Accountability Arrangements**

**Board level responsibility for records management is clearly defined and there are clear lines of accountability for records management throughout the organisation, leading to the board.**

**INFORMATION****Source**

- NHS Executive (1999) *Clinical Governance in the New NHS*. HSC 1999/065 1999.
- Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland – Good Management Good Records.
- HSS (PPM) 3/2002 Corporate Governance: Statement on Internal Control
- HSS (PPM) 4/2005 AS/NZS 4360:2004 – Risk Management
- HSS (PPM) 8/2002 Risk Management in the Health and Personal Social Services
- PRONI – Northern Ireland Records Management Standards (NIRMS).

**Guidance**

All HPSS records are public records under the terms of the Public Records Act (NI) 1923 and the Disposal of Documents Order No 167, 1925. Chief Executives and senior managers of all HPSS bodies are personally accountable for records management within their organisation and have a duty to make arrangements for the safekeeping of those records under the overall supervision of the Keeper of Public Records. Other legal obligations exist in respect of particular classes of records, especially those containing personal information.

Everyone working for or with the HPSS organisations who records, handles, stores, or otherwise comes across information, has a personal common law duty of confidence. The Data Protection Act 1998 now places statutory restrictions on the use of personal information, including health information.

Clear lines of accountability should be established throughout the organisation for the management of records.

**Examples of Verification**

- Accountability arrangements chart
- Board minutes
- Job descriptions

**Links with other standards**

All standards (generic criterion)

**CRITERION 2****Records Management Strategy**

**There is an organisation-wide records management strategy, which is endorsed by the board.**

**INFORMATION****Source**

- Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland – Good Management, Good Records.
- PRONI – Northern Ireland Records Management Standards (NIRMS)
- CREST - “Protocol for the Inter Hospital Transfer of Patients and Their Records”  
<http://www.crestni.org.uk/protocol.pdf>

**Guidance**

All HPSS organisations should have in place an organisational records management strategy, identifying the resources needed to ensure that records of all types (administrative as well as patient/client’s ) are properly controlled, tracked, readily accessible and available for use, and eventually archived or otherwise disposed of. It is important that the resources devoted to records management are adequate for the work to be done.

A record is anything that contains information in any medium, e.g. paper, microfiche, audio or video tapes, x-ray images, computer database, notes, e-mail etc which has been created or gathered as a result of any HPSS activity, whether clinical or non-clinical, by employees – including consultants, agency or casual staff. Records management strategies should have been agreed, with implementation now well in hand, including arrangements to monitor progress and compliance.

Where possible the strategy should encourage the rationalisation of records collections through the development of systems which allow records and the information they contain to be shared in a controlled way (but subject to statutory security and agreed confidentiality guidelines e.g. The Data Protection Act 1998) and which facilitate cross-referencing or merging (e.g. of all records for the same patient).

**Examples of Verification**

- A comprehensive policy statement that demonstrates that all records management issues have been identified.
- Board minutes which identify any endorsements or amendments of the policy statement.
- Evidence of compliance with Freedom of Information action plan.

**Links with other standards**

Information & Communications Technology  
Risk Management

**CRITERION 3****Responsible Senior Manager**

**A senior manager is responsible for co-ordinating, publicising implementing and monitoring the records management strategy and reporting on a regular basis to the board.**

**INFORMATION****Source**

- Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland – Good Management, Good Records.

**Guidance**

Senior management must take responsibility for records management and for ensuring that all staff are involved in the programme for implementing the records management strategy. The programme should encompass:

- Profile raising and publicity
- Appropriate resources including training
- Review of procedures and implementation plan for specific actions arising
- Monitoring individual and organisational compliance

Local records managers should have the appropriate cross-organisational authority to achieve key objectives; should determine their relationship with internal audit and management teams; and should ensure that they have the necessary competences.

**Examples of Verification**

- A senior manager has been given written responsibility for co-ordinating, publicising and monitoring implementation of the records management strategy.
- Job descriptions
- Appraisals of information surveys, records, audits, etc.
- The authority of local records managers is documented.
- The relationship between local records managers and management teams is documented.
- Board reports.
- Board minutes.

**Links with other standards**

Information and Communications Technology

**CRITERION 4****Records Management Programme**

**The organisation has a comprehensive records management programme which includes the cost-effective management of non-current as well as active records, the storage, tracking, retrieval, environmental control and destruction of records when no longer required, and which also takes account of the organisation's risk management policy and strategy.**

**INFORMATION****Source**

- British Standards Institution Storage, transportation and maintenance of media for use in data processing and information storage. BS4783: London, BS1
- Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland – Good Management, Good Records.
- NHS Executive (1998) Using electronic Patient Records. HSC 1998/153. 1998
- PRONI – Northern Ireland Records Management Standards (NIRMS)
- Standards (1999) Storage of Semi-current Records, Standards for the Management of Government Records RMS 3.1 1999

**Guidance**

Senior managers must ensure that all staff are involved in this programme, which should encompass profile raising and publicity; appropriate resources including training; review of procedures and implementation plans for specific actions arising; monitoring and reviewing organisational compliance and the ability to retrieve records quickly when required for business or other reasons.

Additionally, senior managers have a duty to make arrangements for the safe-keeping of records, under guidance contained in the Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland, - Good Management, Good Records. Current records should be kept in the business area adjacent to users, and stored securely in lockable desk drawers or cabinets, within rooms, which should be locked when left unattended. Less frequently used or archived records should be moved to more effective and space efficient storage options. These options should take account of:

- Adequate off-site secure storage and retrieval services
- Sufficient mobile racking and warehouse-type units.
- Appropriate environmental storage conditions.
- Microfilm, microfiche and digital scanners to capture and store images;
- Picture archiving for diagnostic imaging.

It is important to recognise that different record types and different storage media may require different approaches. Appropriate retrieval arrangements should be

agreed before archiving, including appropriate strategies for migration of electronic information between systems.

Contracts for non-HPSS agencies or staff must require that patient information is stored and retrieved according to specified security and confidentiality standards and Data Protection guidelines. Records identified for permanent preservation must be stored by the Public Record Office of Northern Ireland (PRONI).

Guidance on the destruction and disposal of records is contained in Departmental Guidelines, Good Management, Good Records.

The Board should receive periodic reports (e.g. quarterly) on the progress of implementation of records management programmes.

### **Examples of Verification**

- Documented records management programme which takes account of the risk management policy and strategy.

### **Links with other standards**

Risk Management

**CRITERION 5****Staff Roles and Responsibilities**

**All managers ensure that staff are aware of their personal responsibilities for record keeping. This includes the creation, use, storage, security and confidentiality of records.**

**INFORMATION****Source**

- Department of Health (1999) *ensuring Security and Confidentiality in NHS Organisations – The NHS IM&T Security Manual*. Department of Health, London
- Great Britain (1998) *The Data Protection Act 1998* The Stationery Office, London
- Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland – Good Management, Good Records.
- PRONI – Northern Ireland Records Management Standards (NIRMS)
- The Protection and Use of Patient and Client Information – Guidance for the HPSS

**Guidance**

In practice, individuals within HPSS organisations are responsible for any records they create or use. This responsibility is established at, and defined by law. Furthermore, as an employee of the HPSS, any records that he/she creates are public records in accordance with the Public Records Act (NI) 1923 and the Disposal of Documents Order No 167, 1925. Everyone working for or with the HPSS who records, handles, stores or otherwise comes across information has a personal common law duty of confidence. The Data Protection Act 1998 now places statutory restrictions on the use of personal information, including health information.

Even the most stringent security and confidentiality measures can be undermined by the improper actions of staff who handle personal data and information.

Examples include:

- Confidential patient, staff or operational information in visible format (i.e. on a white board at the nursing station).
- Patient notes or charts kept unsecured at the foot or side of a patient's bed.
- Confidential patient, staff or operational data discussed with, or in the presence of, others who should not have access to such information.
- Patient/client's electronic records visible on a computer screen to those who should not have access to such information.

As a matter of policy and procedure, all staff should understand their responsibilities when using or communicating personal data and information.

All staff have responsibility for Records Management

**Examples of Verification**

- Induction training includes consideration of records management issues.
- The responsibilities of employees for managing records, which they create or use, are documented.

**Links with other standards**

Human Resources

**CRITERION 6****Links to Organisational Plans and Controls**

**Records management services and controls are included in the organisation's plans and strategies.**

**INFORMATION****Source**

- Department of Health (2002) *Delivering 21<sup>st</sup> Century IT Support for the NHS: National Strategic Programme*. Department of Health, London.
- Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland.
- NHS Executive (1999) *Information for Health: An Information Strategy for the Modern NHS*. HSC 1999/168.1999.
- NHS Executive (1998) *Using Electronic Patient Records*. HSC 1998/153. 1998.

**Guidance**

Information for Health – an information strategy for the Modern NHS 1998-2005 (HSC 1998/168) sets out a comprehensive information strategy. The strategy has since been updated by *Building the Information Core- implementing the NHS Plan* (January 2001). Clear targets for improved clinical and administrative systems are also included in *Delivering 21<sup>st</sup> Century IT Support for the NHS* (2002).

Increasingly, information will be created, stored and disseminated electronically as work progresses implementation of an integrated Care Record Service (ICRS). The underlying principles for effective records management apply equally to electronically held records. It is important, therefore, to ensure adequate consideration is given to records management in all relevant Information Management and Technology strategies.

The detailed procedures for each Information Management and Technology system should cover records management issues such as access, usage, retention and destruction.

**Examples of Verification**

- Copies of Information Management and Technology and other organisational strategies.
- Copies of relevant systems and operating procedures.
- Organisational corporate/business plan

**Links with other standards**

Risk Management  
Information and Communications Technology

**CRITERION 7****Provision of Training and Records Management Information**

**Employees including managers are provided with appropriate information, instructions, and training on Records Management matters.**

**INFORMATION****Source**

- Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland – Good Management, Good Records.
- CREST - "Protocol for the Inter Hospital Transfer of Patients and Their Records"  
<http://www.crestni.org.uk/protocol.pdf>

**Guidance**

Provision of information, instruction and training is an important means of achieving competence and capability. Accordingly, therefore, staff induction programmes should include reference to records management and records of attendance at training should be maintained and inadequate attendance rectified. Job rotation/re-location should trigger a training needs analysis.

Training and guidance are available from the National Archives [www.nationalarchives.gov.uk](http://www.nationalarchives.gov.uk) (introductory and bespoke courses on all aspects of records management). Private training consultants offer regular short courses covering records management issues. The National Archives, Liverpool University and the University of Northumbria are co-operating (as the RM3 consortium) to offer courses focused on records management in Government. Other Universities offer modules on records management as part of wider Information Management or Information Science courses, some of which can be studied as "stand alone" modules.

Other organisations provide training e.g. the Institute of Health Record & Information Management (IHRIM). [www.ihrim.co.uk](http://www.ihrim.co.uk)

Further information and guidance on the Freedom of Information Act can be accessed at <http://www.foi.nhs.uk/home.html>.

**Examples of Verification**

- Training records

**Links with other standards**

Human Resources

**CRITERION 8****Key Indicators**

**Key indicators capable of showing improvements in records management and/or providing early warning of risk are used at all levels of the organisation, including the board, and the efficacy and usefulness of the indicators is reviewed regularly.**

**INFORMATION****Source**

- HSS (PPM) 3/2002 Corporate Governance: Statement on Internal Control
- HSS (PPM) 4/2005 AS/NZS 4360:2004 – Risk Management
- HSS (PPM) 8/2002 Risk Management in the Health and Personal Social Services

**Guidance**

The organisation should develop indicators, which demonstrate that all stages of the records management process are being properly managed and risks are minimised.

Ideally the indicators should be designed to demonstrate improvement in managing the risks associated with records management over time. The number of indicators devised should be sufficient to monitor the records management service. It is not necessarily the case that the Board will use all the indicators. The Board should select those which are useful for ensuring that the internal controls are working satisfactorily and objectives for managing records are being met.

One indicator is a degree of compliance with this standard. Some other examples of indicators which would be appropriate measures are:

- Percentage of planned staff attending training/awareness sessions.
- Availability of patient/client's records for clinics/on admission etc.
- Percentage of patient/client's records released under the 40 day requirement of the Data Protection Act
- Number of requests made under FOI Act 2000.
- Number of complaints involving records
- Number of incidents involving records

All organisations should be engaged in development and use of key indicators for their own internal performance, but they should also maximise the value of such measures by benchmarking themselves against like organisations, whether those are other HPSS Trusts or others who measure similar processes.

**Examples of Verification**

- Indicators
- Evidence of usage at all levels
- Access control records

**Links with other standards**

All standards (generic criterion)

**CRITERION 9****Monitoring and Review**

The systems in place for records management are monitored and reviewed by management and the board at least annually in order to make improvements to the systems.

**INFORMATION****Source**

- Good Management, Good Records
- HSS (PPM) 3/2002 Corporate Governance: Statement on Internal Control
- HSS (PPM) 4/2005 AS/NZS 4360:2004 – Risk Management
- HSS (PPM) 8/2002 Risk Management in the Health and Personal Social Services

**Guidance**

All aspects of the systems in place for records management should be reviewed, including:

- Accountability arrangements
- Processes, including risk management arrangements
- Capability
- Outcomes
- Audit findings

The Risk Management Committee (or a sub-committee of the Board over-seeing risk management within the organisation) may play a role in monitoring and reviewing all aspects of the systems in place as a basis for establishing significant information that should be presented to, and dealt with by the Board. The audit committee should review any internal audit findings.

**Examples of Verification**

- Internal audit report(s)
- Risk Management Committee (or equivalent) minutes
- Audit Committee minutes

**Links with other standards**

All standards (generic criterion)

**CRITERION 10****Audit**

**The board seeks independent assurance that an appropriate and effective system of managing records is in place and that the necessary level of controls and monitoring are being implemented.**

**INFORMATION****Source**

- HSS (PPM) 3/2002 Corporate Governance: Statement on Internal Control
- HSS (PPM) 4/2005 AS/NZS 4360:2004 – Risk Management
- HSS (PPM) 8/2002 Risk Management in the Health and Personal Social Services

**Guidance**

Management should consider the range of independent internal and external assurance available, and avoid duplication and omission.

The adequacy of the independent assurance will depend upon the scope and depth of the work performed, bearing in mind its timeliness and the competency of the staff performing it. The level of reliance that can be placed upon such assurances should consider, among other things, the professional standing of the assurer, their level of independence, and whether they could reasonably expect to provide an objective opinion. It is important that any review that takes place results in a report, recommendations for action where necessary, and the retention of sufficient evidence to enable other potential reviewers to rely upon the work already undertaken. The reports should be made to the appropriate sub-committee of the Board.

Management arrangements will include an internal audit function, as well as other quality control and assurance functions such as clinical audit. The internal audit function is required to give an opinion to the Board on the adequacy and effectiveness of the overall system of internal control. In doing so, they will seek to work with, and rely on the work of, other review bodies as far as is practical. The HPSS is given external assurance by such bodies as:

- External auditors, as appointed by the Directorate of Health Audit, Northern Ireland Audit Office.
- Commission for Health Improvement.

More specific assurance for this standard may be gained by visits by:

- Information Commissioner
- PRONI

**Examples of Verification**

- Schedule of planned reviews
- Copy of reports
- Committee minutes
- Action plans
- Notes to follow up of actions
- Evidence file
- Details of staff involved in the review

**Links with other standards**

All standards (generic criterion)