Governance

Health Records Strategy and Management Policy

Policy Manager	Policy Group
Health Records Service	Information Governance

Policy Established	Policy Review Period/Expiry	Last Updated
	February 2027	February 2025

This policy does apply to Medical/Dental Staff

UNCONTROLLED WHEN PRINTED

NHS TAYSIDE POLICY CORPORATE TEMPLATE

Version Control

- A version control table should be included within the document, detailing what changes were made to the document, when and by whom.
- Use a unique version number to distinguish one version from another for all documents where more than one version exists, or is likely to exist in the future.
- Version numbers with points to reflect major and minor changes, such as version 1.0 (first version), version 1.1 (second revision with a minor change), version 2 (third version with a major change), version 2.2 (fourth version with a minor change).
- In addition, the placement of the version control should also be in the document footer and for more formal documents, e.g. policies, strategies etc a version control table should also be included.
- A good example of version control is the version control table for this policy on page 2.

An example of a version control table is given below. The table should be updated each time a change is made to the document. It is recommended that a version control table be included at the start of the document.

Version Control

Version Number	Purpose/Change	Author	Date
1.0	New policy implemented August 2011	Kerry Wilson	
2.0	Policy reviewed and up-dated	Ruth Anderson	Mar 2013
3.0	Policy Reviewed. All references to Records Management Code of Practice (Scotland) 2010 have been replaced with Records Management Code of Practice (Scotland) 2012.	Ruth Anderson	Nov 2013
4.0	Policy Reviewed. Health Records Management Team job titles amended	Ruth Anderson	Jan 2015
5.0	Policy Reviewed. Appendix 3 High Level Improvement Plan Updated	Ruth Anderson	March 2017
6.0	Policy Reviewed. Appendix 2: Health Records Management Structure updated.	Ruth Anderson	March 2019
7.0	Policy Reviewed. All references to Records Management Code of Practice (Scotland) 2012 have been replaced with Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 and guidance updated,	Ruth Anderson	Sept 2020
8.0	Policy Review	Ruth Anderson	August 2022

9.0	Policy Reviewed: 1. Reformatted using the new corporate policy template. 2. All references to Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 replaced by Records Management Code of Practice for Health and Social Care. 3. Responsibilities of SIRO, Caldicott Guardian, Health Records Managers and All Staff updated (clinical and nursing staff removed), and DPO added, in line with Records Management Code of Practice for Health and Social Care.	Heather Anderson	February 2025

CONTENTS

1. PURPOSE AND SCOPE

This document sets out an overarching framework for integrating current health records management initiatives, as well as recommending new ones. It defines a strategy for improving the quality, availability and effective use of health records within NHS Tayside and provides a strategic framework for all health records management activities. This will enable overall co-ordination of all health records management activities and ensure alignment with NHS Tayside's business and clinical strategies.

The Health Records Management Strategy should be read in conjunction with NHS Tayside's Health Records Management Policy and in conjunction with the Records Management Code of Practice for Health and Social Care.

This document sets out a framework within which the staff responsible for managing NHS Tayside health records can develop specific policies and procedures to ensure that records are managed and controlled effectively, represents best value, and are commensurate with legal, operational and information needs.

NHS Tayside has adopted this Health Records Management Policy and is committed to ongoing improvement of its health records management functions as it believes that it will gain a number of organisational benefits from so doing in order to support:

- patient care and the continuity of care;
- day-to-day corporate activities which underpin delivery of care;
- evidence based practice;
- epidemiology;
- medical and other audits
- improvements in clinical effectiveness through research and
- meet legal requirements and regulatory requirements;

NHS Tayside also believes that its internal management processes will be improved by the greater availability of information that will accrue by the recognition of health records management as an integrated service across Tayside.

2. STATEMENT OF POLICY

This document sets out a framework within which the staff responsible for managing NHS Tayside health records can develop specific policies and procedures to ensure that records are managed and controlled effectively, represents best value, and are commensurate with legal, operational and information needs.

The aims of NHS Tayside's health records management strategy are to ensure:-

- A systematic and planned approach to health records management, covering records from creation to disposal.
- To provide a records and information service of proven quality by constantly monitoring performance and developing services to meet new requirements.

- Efficiency and best value through improvements in the quality and flow of information and greater co-ordination of health records and storage systems.
- Compliance with statutory requirements.
- Awareness of the importance of health records management and the need for responsibility and accountability at all levels.
- Promote and foster good working relationships within the service and with other services throughout NHS Tayside.
- To treat patients and staff with courtesy and respect.

NHS Tayside also believes that its internal management processes will be improved by the greater availability of information that will accrue by the recognition of health records management as an integrated service across Tayside.

The records management strategy comprises the following key elements:-

Responsibility and Accountability – To provide a clear system of accountability and responsibility for record keeping and use of health records (see Section 6 of Health Records Management Policy).
It is important that all individuals in NHS Tayside appreciate the need for responsibility and accountability in the creation, amendment, management, storage of and access to all patient health records. A major target is therefore to have a clear chain of managerial responsibility and accountability for all records created by the organisation. This is the pre-requisite for an effectively co-ordinated records management strategy.

Health Record Quality – To create and keep health records which are adequate, consistent and necessary for statutory, legal and business requirements.
NHS Tayside health records must be accurate and complete in order to facilitate audit, fulfil NHS Tayside's responsibilities and protect its legal and other rights. Health records will show proof of their validity and authenticity so that any evidence derived from them is clearly credible and authoritative.

Management – To achieve systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle.
Record keeping systems must be easy to understand, clear and efficient in terms of minimising staff time and optimising the use of space for storage. Policy implementation is the responsibility of the Head of Health Records/Senior Health Records Managers/Information Governance Committee (see Section 2.65 of the NHS Tayside Health Records Management Policy).

Security – To provide systems which maintain appropriate confidentiality, security and integrity for health records in their storage and use.
Health records must be kept securely to protect the confidentiality and authenticity of their contents and to provide further evidence of their validity in the event of legal challenge. Overall responsibility for development and maintenance of health records management practices throughout NHS Tayside is the responsibility of the Locality Health Records Managers (see Section 2.6.6 of the NHS Tayside Health Records Management Policy).

Access – To provide clear and efficient access for all employees and others who have a legitimate right of access to NHS Tayside's health records and ensure compliance with Access to Health Records, Data Protection and Freedom of Information legislation.
It is the responsibility of Local Clinical Service Managers/Heads of Department/Service to ensure that records controlled within their unit are managed in a way that meets the aims of the NHS Tayside Health Records Management Policy (see Sections 2.6.9 and 2.6.10 of that document).

Audit – To audit and measure the implementation of the records management strategy against agreed standards.
The performance of the records management programme will be audited to support key elements of creation, use, storage, security and confidentiality as set out in NHS Tayside Health Records Service Operation Procedures.

Legislation – To comply with statutory legal requirements.
Health records and associated clinical information are released to patients, their representatives and legal bodies in accordance with relevant and current legislation. The Head of Health Records/Senior Health Records Managers are responsible for the processing and release of clinical information in accordance with NHS Tayside Health Records Service Operating Procedures (see health Records Operational Guidance & Service Operating Procedures).

Training – To provide training and guidance on legal and ethical responsibilities and operational good practice for all staff involved in health records management.
Effective health records management involves staff at all levels. Training and guidance enables staff to understand and implement policies and facilitates the efficient implementation of good record keeping practices (see Appendix 3 to the NHS Tayside Health Records Management Policy).

Improvement/Development Programme – To ensure all national standards are employed to manage health records throughout NHS Tayside.
A rolling programme of audit and performance indicators is used to identify service development needs. The standards applicable to health records are attached appropriately listed by the categories used in the NHS Records Management: Code of Practice (Scotland) 2012 and detailed in the Improvement Plan (see Appendix 4 to the NHS Tayside Health Records Management Policy).

Digital Strategy - NHS Tayside's 2022-27 Digital Strategy will focus on how digital will inform the following local initiatives:

- Improving digital literacy skills for our service users, in alignment with the National Digital Participation Charter to ensure that they are not excluded from technology enabled healthcare solutions and technology enabled self-care initiatives.
- Connecting health and care data across our region in order to realise our aims for population and health needs assessment.
- To proactively use data to assist with health awareness and ensure our populations are well informed.
- To invest and nurture more analytical skills across our region, employing skills and capacity across health and care organisations which will drive recognition of the issues in the health and care sector.
- To support our populations to increase their understanding and confidence with regards to how their data information can be used to improve healthcare across NHS Tayside.
- To provide the necessary tools and data to our communities to support self-care and self-management, in particular, to work with the Scottish Government to develop innovative digital telecare solutions, integrated with digital home health monitoring devices.
- To transform services across NHST digitally, with the aims of improving outpatient activity and a reduction in 'did not attends' and helping to assist in reducing waiting times by facilitating a smoother patient flow by utilising digital technologies.
- To work alongside the private sector and our patients to develop new products to support self-care and self-management.
- To develop and employ population stratification techniques and increase our ability to monitor cohorts.
- To empower our communities with data that is meaningful to them.

- Provide a secure environment to allow appropriate sharing of data will be achieved by ensuring compliance with NHS Scotland national security standard (NIS Directive and Information Security Policy Framework) and ongoing investment in our Cyber Security roadmap, to provide security resilience for our infrastructure so that it ready for the digital demands of the future.
- To work across NHST to ensure digital is at the heart of Mental Health service reform following the recent review into NHST Mental Health services. We will detail the impact of our Digital services on Mental Health within our forthcoming Digital Strategy 2022-27.
- Ensure that staff across NHS Tayside are involved in service design from the beginning. Make use of staff across the board as 'Digital Champions' to promote a digital culture and help embed new systems into routine use.

3. DEFINITIONS

A health record is anything that contains information, which has been created or gathered as a result of any aspect of the delivery of patient care. This strategy relates to all health records held in any format by NHS Tayside as detailed in the Scottish Government's publication on Records Management: Records Management Code of Practice for Health and Social Care. Health records will include:-

- Patient health records for all specialties – (electronic, microfilm and paper-based).
- Radiology and imaging reports, photographs and other images.
- Computer databases, output and disks, etc., and all other electronic records.
- Audio and video tapes, cassettes, CD ROM etc.

Material intended for short-term or transitory use including notes and spare copies of documents.

Records management is the process by which an organisation manages all the aspects of records whether internally or externally generated and in any format or media type, from their reaction, all the way through their lifecycle to their eventual disposal. Records Management utilises an administrative system to direct and control the creation, version control, distribution, filing, retention, storage and disposal of records in a way that is administratively and legally sound, whilst at the same time service the operational needs of NHS Tayside and preserving an appropriate historical record. The key components of records management are:

- record creation
- record keeping
- record maintenance (including tracking of record movements)
- access and disclosure
- appraisal
- archiving
- Disposal

NHS Tayside's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation, managerial decision-making, clinical care, protect the interest of NHS Tayside and the rights of patients, staff and members of the public. They ensure consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.

This policy relates to all NHS Tayside patients' personal health records, held in all formats, in all locations used by NHS Tayside staff. These include:

- patient health records for all specialties – (electronic, microfilm and paper based);
- radiology and imaging reports, photographs and other images;
- computer databases, output and disks, etc., and all other electronic records.
- audio and video tapes, cassettes, CD ROM etc;
- material intended for short term or transitory use including notes and spare copies of documents.

The health record is structured in order to contain sufficient information to identify the patient, provide a clinical history, and detail any investigations, treatments and medications.

The term **Records Life Cycle** describes the life of a record from its creation/ receipt through the period of its *active* use, then into a period of *inactive* retention such as closed/archive files which may still be referred to occasionally, then finally either *confidential disposal* or *archival preservation.*

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

Information is a corporate asset. NHS Tayside health records are important sources of clinical, administrative, evidential and historical information. They are vital to NHS Tayside to support its current and future operation (including meeting the requirements of Freedom of Information legislation), for the purpose of accountability and for an awareness and understanding of the history of the care and procedures provided to patients.

4. RESPONSIBILITIES

The aims of our Health Records Management System are to ensure that:-

- **Health records are available when needed** – from which NHS Tayside is able to form a reconstruction of activities or events that have taken place.
- **Health records can be accessed** – records and the information within them can be located and displayed in a way consistent with its initial use and that the current version is identified where multiple versions exist.
- **Health records can be interpreted** – the context of the record can be interpreted, who created or added to the record and when, during which clinical process and how the record is related to other records.
- **Health records can be trusted** – the record reliability represents the information that was actually used in or created by the clinical process and its integrity and authenticity can be demonstrated.
- **Health records can be maintained through time** – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format.
- **Health records are secure** – from unauthorised or inadvertent alteration or erasure that access and disclosure are properly controlled and audit trails will track all use and changes. To ensure that records are held in a robust format which remains readable for as long as the records are required.
- **Health records are retained and disposed of appropriately** – using consistent and documented retention and disposal procedures which include provision for appraisal and the permanent preservation of records with archival value.

- **NHS Tayside staff is trained** – so that all staff are made aware of their responsibilities for record-keeping and record management.
- **Health Records Management System** – is supported by the provision of separate specific operating procedures relating to the key components of records management.

All NHS records are Public Records under the Public Records Acts. NHS Tayside will take actions as necessary to comply with the legal and professional obligations set out in the Records Management Code of Practice for Health and Social Care (and any new legislation affecting records management as it arises), in particular:

- Public Records (Scotland) Act 1937
- Medical Reports Act 1988
- Computer Misuse Act 1990
- Access to Health Records Act 1990
- General Data Protection Regulation 2018
- Human Rights Act 2000
- Freedom of Information Act 2000
- Common Law Duty of Confidentiality
- Scottish Government Records Management: Health and Social Care Code of Practice (Scotland) 2020
- Quality Improvement Scotland – Standards for Record Keeping
- Information Governance Standards
- National e-Health Strategy
- Public Health (formerly ISD) Data Definitions and Standards
- Records Management Code of Practice for Health and Social Care

NHS Tayside's Health Records Service is responsible for three main distinct functions, namely:

- The management of comprehensive records library services across Tayside.
- The management of the release of clinical information relating to patients.
- The provision of Scottish Morbidity Records (SMR schemes) to the Information and Statistics Division (SD)/central Scottish Government on behalf of NHS Tayside.

These major service activities are outlined in **Appendix 1**.

There are a number of records management responsibilities which are allocated to the following roles, as detailed in the Records Management Code of Practice for Health and Social Care:

NHS Tayside Health Board and Local Authority are responsible for ensuring they meet their legal responsibilities. **The Integrated Joint Board** is responsible, by delegation of their corresponding NHS Boards and local authority, for ensuring there are suitable arrangements across the integrated services to meet the legal responsibilities of the partners, and for the adoption of the agreed governance arrangements.

Chief Executive of NHS Tayside/Local Authority – has overall independent responsibility for records management in their organisation and joint responsibility across the Health and Social Care Partnership(s). As accountable officer they are responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. The overall responsibility is delegated to the **Senior Information Risk Owner (SIRO).**

The Senior Information Risk Owner (SIRO) oversees the identification, assessment and treatment of information risks within the organisation. Those are risks related to information

and information technologies, including records and records management information systems. They sit at director level or equivalent and provide the Accounting Officer and Executive Board with assurance that information risk is being managed appropriately and effectively across the organisation and its service providers. Furthermore, they play a crucial role in recognising opportunities stemming from information and information technologies, thereby facilitating informed decision-making processes, and fostering a culture of innovation and growth driven by information and related technologies. This strategic position requires a comprehensive understanding of the organisation's objectives, coupled with the ability to align risk management, information and information technologies strategies with overarching business goals.

The Caldicott Guardian – NHS Tayside's Caldicott Guardian, the Medical Director, provides advice within the organisation regarding the ethical use of patient data and the application of the Duty of Confidentiality. They act as the "conscience of the organisation" reflecting patients' interests regarding the use of patient identifiable information.

The Data Protection Officer (DPO) holds a key advisory and monitoring role in relation to the use and management of personal data. Their role and responsibilities are defined under UK GDPR and Data Protection Act 2018. The key tasks all DPOs undertake as part of their role includes:

- Informing and advising the controller or processor, and their employees, of their obligations under data protection legislation;
- Monitoring compliance with the UK GDPR and other data protection laws, through implementation of data protection policies, managing internal data protection activities; raising awareness of data protection issues, training staff an d conducting internal audits;
- Providing advice, where required, on data protection impact assessments and monitor compliance with this requirement;
- Act as point of contact for the Information Commissioners Office (ICO) for matters relating to data protection legislation and to co-operate with the ICO as required;
- To keep documentation on at least the name of the data flows, the purpose of the processing, the types of subjects and data, the security and privacy risks and the time limits for data erasure (according to Article 30). Likewise, they must monitor personal data breaches and responses to the supervisory authority (ICO).

Digital Directorate / Head of Health Records Service/Senior Health Records Managers/Information Governance Committee – collectively, these are responsible for ensuring that this policy is implemented through the Records Management Strategy and that the records management system processes are developed, co-ordinated, audited and reported. An updated health records inventory will be maintained by the Senior Health Records. This will identify all health records that exist within NHS Tayside (see appendix 5).

Health Records Managers – have the lead responsibility for the overall development and maintenance of health records management practices throughout NHS Tayside, They are responsible for embedding records management into day to day practices to support the delivery of services, compliance with legislation and the efficient, safe, appropriate, timely retrieval/disposal of records. They will:

- Provide strategic direction and advice on matters concerning records;
- Develop policies, guidance, and training at all stages of the records lifecycle – creation, use, maintenance, review and disposal;
- Work closely with managers responsible for other information governance work areas;

- Work closely with colleagues within IT, ensuring that they are involved in projects regarding the development/implementation of new systems or the upgrade of current ones;
- Work closely with colleagues involved in estate management with regards to the physical storage of records.

All staff – all NHS Tayside staff who create, receive and use data, information and records have records management responsibilities. In particular all staff must ensure that they manage and transport those health records in keeping with this policy and with any guidance subsequently produced. All staff should ensure that they keep appropriate records of their work and manage those records in keeping with the Records Management Code of Practice for Health and Social Care and the NHS Tayside Health Records Operational Guidance & Service Operating Procedures. Managers should demonstrate active progress in enabling staff to conform to these policies, identifying resource requirements and any related areas where organisational or systems changes are required.

Local Service Managers and Heads of Departments – all NHS Tayside's clinical/administrative service/departmental managers have devolved responsibility for any health records held by their services. Heads of Departments, other units and business functions within NHS Tayside have overall responsibility for the management of health records generated by their activities, i.e., for ensuring that records controlled within their unit are managed in a way which meets the aims of the NHS Tayside Records Management policies. It is also the responsibility of these staff to ensure that the records inventory is in place, regularly updated and provided to the Senior Health Records Manager to form part of NHS Tayside's overall health records inventory.

Health Records Service Management – current arrangements for the management of the service are summarised in the organisational chart attached as **Appendix 2.**

5. ORGANISATIONAL ARRANGEMENTS

It is a fundamental requirement that all of NHS Tayside's health records are retained for the recommended period of time for legal, operational, research and safety reasons. The length of time for retaining records will depend on the type of record and its importance to the NHS Tayside business functions.

NHS Tayside has adopted the recommended retention periods set out in the Records Management Code of Practice for Health and Social Care.

The locally agreed retention schedule of "standard" retention periods can be found in **Section 1 of NHS Tayside Health Records Operational Guidance & Service Operating Procedures** and will be reviewed every three years or earlier in light of legislative or Scottish Government changes.

NHS Tayside Health Records Service Operating Procedures provide clear and effective operating procedures for all NHS Tayside staff handling health records and cover the key areas of records practices identified in the Records Management Code of Practice for Health and Social Care, providing specific guidance to staff working with health records (see Health Records Operational Guidance & Service Operating Procedures). The locally agreed retention schedule of "standard" retention periods can be found in Section 1 of NHS Tayside Health Records Operational Guidance & Service Operating Procedures.

NHS Tayside will regularly audit its records management practices for compliance with this framework. The audit will:

- Identify areas of operation that are covered by NHS Tayside policies and identify which procedures and/or guidance should comply with the policy
- Follow a mechanism for adapting the policy to cover missing areas if these are critical to the creation and use of records and use a subsidiary development plan if there are major changes to be made
- Set and maintain standards by implementing new procedures including obtaining feedback where the procedures do not match the desired levels of performance

- Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.

The results of audits will be reported to the Health Records Committee to take appropriate decisions/actions in conjunction with Health Records Service Management.

All NHS Tayside staff will be made aware of their responsibilities for health record-keeping and health record management through generic and specific training programmes and guidance. Training and support will be provided from the Health Records Service to enable all staff to meet statutory requirements, see **Appendix 3**.

To ensure that Health Records Management and records usage in Tayside meets the national quality, legislative and administrative standards. A High Level Improvement Plan is outlined in **Appendix 4** and specifies key areas of improvement. Each service area should implement a local improvement plan.

This policy will be reviewed every 2 years. The policy may require additional review as any new or changes to codes of practice or national standard are introduced.

6. KEY CONTACTS

Heather Anderson – Head of Health Records
Graeme Davidson – Health Records Locality Manager P&K/Angus
Darlene Malone – Health Records Locality Manager Dundee
Laic Khalique – Director of Digital
Information Governance and Cyber Assurance Committee

Appendix 1
NHS TAYSIDE: HEALTH RECORDS SERVICE
Major Service Activities

1. **The management of comprehensive records library services across Tayside:**

- Ensuring health records are created, retained and stored securely within the library areas.
- Providing health records with all supporting information for inpatient, outpatient and day patient attendances for both acute and mental health specialty services.
- Providing health records to external health boards, hospitals and other non NHS agencies.
- Providing support to clinical outpatient reception areas.

2. **The management of the release of clinical information relating to patients:**

- Responding to Subject Access Requests in accordance with the provisions of the General Data Protection Regulation 2018/ Access to Health Records Act/Freedom of Information Act.
- Releasing where appropriate information to courts, police, procurators fiscal, insurance companies, criminal injuries compensation authorities and mental welfare commission etc.

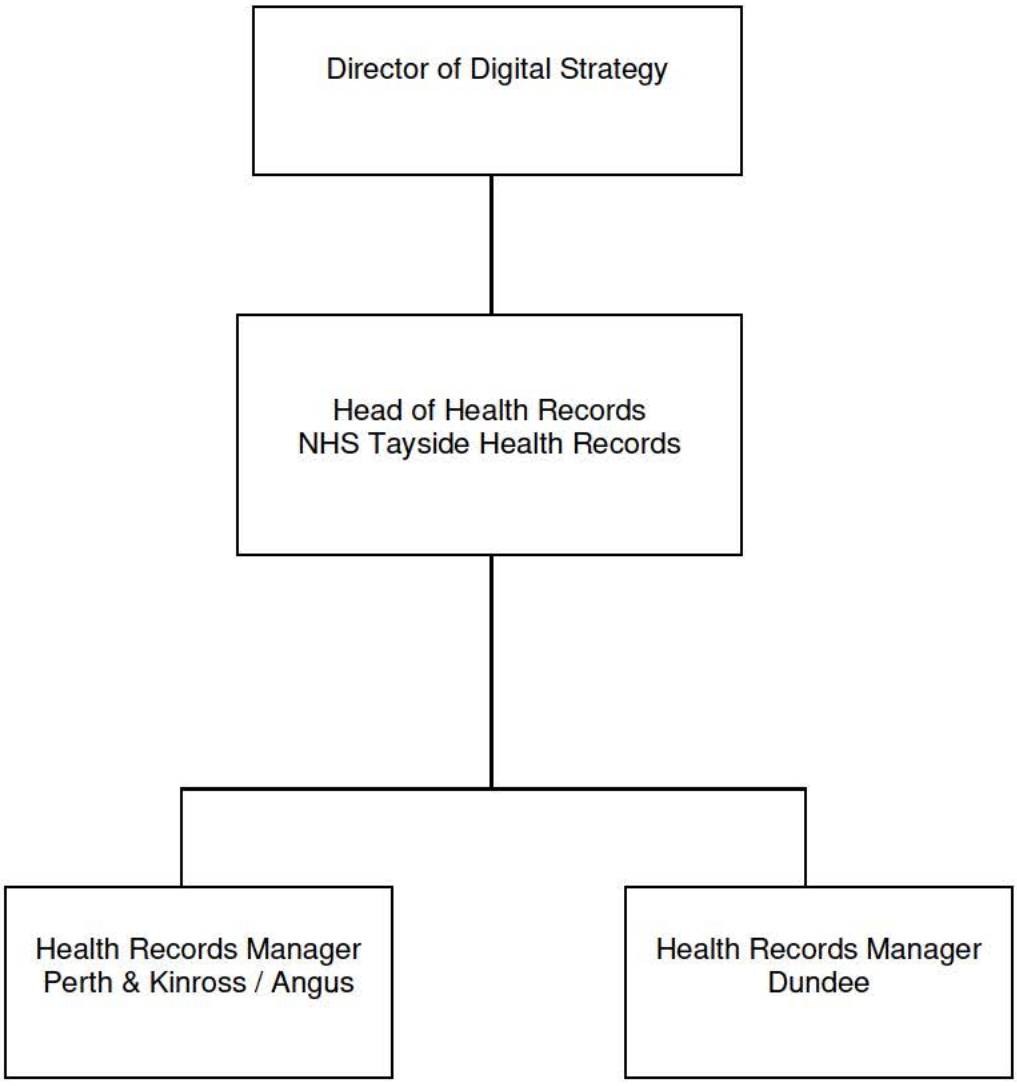
3. **The provision of Scottish Morbidity Records (SMR schemes) to Public Health (formerly ISD)/central Scottish Government on behalf of NHS Tayside:**

- Collating and coding patient clinical/demographic information for the creation of SMR returns to provide national statistical information/support local planning of health services.
- Ensuring all SMR returns i.e. SMR00 (out patient attendances).
- 01 (acute in-patient/day case admissions), 02 (Obstetric in patient/day case admissions) and 04 (Psychiatric in patient/day case admissions) are submitted in a valid state and processed on time in line with the guidelines laid down by Public Health (formerly ISD)

4. **The creation/provision/storage/disposal of health records**

- Ensuring all patients are registered with a national unique CHI number for record linkage.
- Processing all referral requests for new patients requiring specialist services within Tayside and where appropriate booking the first appointment in line with clinical instructions i.e. screening process.
- Managing the patient administration systems and supporting/training authorised users.
- Creating health records for new patients.
- Providing records to support clinical care i.e. out patient attendances/admissions.
- Ensuring the safe storage of records in the designated libraries throughout NHS Tayside.
- Selecting for destruction (in accordance with local/national retention policies) those records that have reached or exceeded their minimum retention period and arrange safe disposal via authorised contractors.
- Maintaining records inventories.

Appendix 2
NHS TAYSIDE : HEALTH RECORDS SERVICE
Management Structure



Appendix 3
NHS TAYSIDE : HEALTH RECORDS SERVICE
Training and Induction

All staff employed by the NHS Tayside Health Board including volunteers and contractors are given training on their personal responsibilities for health records keeping. This includes the creation, use, storage, security and confidentiality of health records.

Appropriate training will be provided for all users of the health records systems to meet local and national standards. All new employees to the organisation will be given basic training as part of the organisation's induction process. Additional training in the specifics of health records management will be provided where appropriate and identified through the staff personal development planning process. Training is tailored to individuals and specific staff groups covering key functions including the following:-

- all current relevant legislation and NHS standards;
- all current relevant organisation policies and procedures;
- Caldicott requirements;
- Patient confidentiality and the security of records, whether paper or electronic;
- General Data Protection Regulation (GDPR) 2018
- Access to Health Records Act 1990;
- Records Management Code of Practice for Health and Social Care
- secure destruction of confidential waste;
- individuals' rights to access information (Data Protection Act 1998/Mental Health (Scotland) Act 2003);
- NHS Scotland Code of Practice on Confidentiality;
- Patient Records and Information Management Accreditation Programme (PRIMAP).
- Records inventory requirements

Health records practitioners and personnel are pivotal to the management of health records systems and should receive customised training in health records practice. The standard operating procedures manual is a key management tool and forms the basis for all health record system specific training.

NHS Tayside supports health records service staff members in acquiring recognised professional qualifications in Health Records management provided by the Institute of Health Records and Information Management (I.H.R.I.M.).

Training Plan

Key training in the implementation of the policy will be provided through a "train the trainer" approach by Health Records Service Managers. Individual services would develop training supported by Health Records. The role mandatory Learn Pro e-training for Health Records Management, is in place to support implementation and training.

Appendix 4
HEALTH RECORDS MANAGEMENT HIGH LEVEL IMPROVEMENT PLAN

Strategic Aim/ Improvement	Action	Reference to Relevant National Standards	Progress
	NHS Tayside has an approved organisation-wide Strategy for Health Records Management in NHS Tayside approved by the Board, or its delegated Committee.	CEL 31 (2010)	Strategy incorporated in policy document.
	NHS Tayside has an approved Policy for Management of Health Records in NHS Tayside.	CEL 31 (2010) PRIMAP 1.1	Policy approved by EMT and Improvement and Quality Committee.
	There is an agreed consultation process and implementation plan for The Health Records Management Policy and an audit and review of policy incorporated in local implementation plan.	CEL 31 (2010)	
	NHS Tayside has an approved Improvement Plan to support the implementation of the Strategy for Health Records in NHS Tayside.	CEL 31 (2010) PRIMAP	Improvement Plan incorporated in Health Records Management Policy.
	Develop marketing material outlining the role of the Health Records Service across NHS Tayside and circulate widely.		Training material has been developed. Guidance for managers and staff within the Health Records Dept and also for managers and staff outwith the service.
	Actively promote the role and development of the Health Records Service across NHS Tayside.		Through attending meetings and participating in Project Teams Health Records Managers and staff are actively promoting the role and development of the Health Records Service across NHS Tayside.
	Develop close working relationships with Clinicians, Managers and all other appropriate staff in the management of Health Records across NHS Tayside.		Head of Health Records, Health Records Managers and Health Records Project Managers attend meetings with clinical services and other appropriate staff to discuss records management in their area.
	Implement an annual rolling programme of inspection of all Heath Records storage areas in Tayside.		Storage areas inspected on a regular basis.
	Develop and manage an annual Risk Register for Health Records issues across NHS Tayside.		All Health Records risks recorded on Datix and reviewed 6 monthly
	All Health Records staff and staff in other areas are aware and receive training and guidance in the implementation of Service Operating Procedures.		20 Training session were undertaken with 350 staff attending sessions. Records Management

			Workshops were held where Health Records Projects Managers were available to discuss individual department/service requirements for health records life cycle and programmes of retention, destruction and archiving.
	Implement a programme of annual retention, destruction and archiving of patient health records in accordance with the agreed retention schedules. The programme to make sure that confidentiality is maintained.	CEL 31 (2010) PRIMAP 4.9	The Health Records Department is responsible for the destruction and archiving of the main acute and mental health case records. All Health Records Departments in NHS Tayside have a programme of annual retention, destruction and archiving of patient health records in place. Other services/departments are responsible for their own records but Health Records staff are available to give advice. See Health Records Policy and Service Operating Procedure 1.
	Actively contribute to the development of the single electronic patient record (clinical portal).		Head of Health Records and managers within Health Records are members of projects within the EPR Programme
	Participate in the roll-out of the electronic case record tracking/management system.		Implemented iFIT which is an Advanced Case Record Tracking System using RFID technology.
	Review potential to employ technology to address storage issues.		Implemented iFIT which is an Advanced Case Record Tracking System using RFID technology.

Appendix 5
HEALTH RECORDS INVENTORY SURVEY FORM

Department/Service:	**Telephone Number:** **Email:**
Contact Name:	**Location:**
Do you store health records in the department?	If YES please complete and return this questionnaire (address below) If NO please return confirmation of no records stored:
Type of health record/s	
Who is responsible for managing the record?	Name: Job Title: Tel. No.: Email address:
Format of the record	Paper or Other (please specify):
Description of the record	
Does the record contain personal data?	Yes / No If yes, is it identifiable? Yes / No
Is the record, or information it contains, shared with other members of staff or external agencies?	Yes / No If yes, with whom is it shared? Does it include access to personal data? Yes / No Why is it shared?
How many records are held? (please estimate)	Total: Active (if known): …….. Inactive (if known): ……..
Is there a register or index of the records?	Yes / No If yes, where is it held:
Where are the records stored	Provide exact location details
Is there currently sufficient storage available?	Yes / No
Will sufficient storage be available in the future?	Yes / No Comments:
Are these locations secure? (e.g. locked cabinets, locked rooms, stores etc)	Yes / No Comments:
Are any of the stores:	Shared with other departments? Outside buildings?

	Other concerns:
Do you have a record tracking system and/or process should records leave the department?	Yes / No If yes, which type?
Further comments/questions:	(e.g. creation, maintenance, storage, retention, disposal etc) please specify below.

Return this Questionnaire to:
Head of Health Records
Health Records Department
Level 7
Ninewells Hospital
Dundee

Appendix 6a

NHS TAYSIDE – POLICY APPROVAL CHECKLIST

This form must be completed by the Policy Manager and this checklist must be completed and forwarded with the policy to the Executive Team, Clinical Quality Forum or Area Partnership Forum for approval and to the appropriate Committee for adoption.

POLICY AREA: Governance
POLICY TITLE: Health Records Strategy and Management Policy
POLICY MANAGER: Heather Anderson

Why has this policy been developed?		To clarify the required standards of practices in the management of all aspects of health records.	
Has the policy been developed in accordance with or related to legislation? – Please give details of applicable legislation.		Data Protection Act Freedom of Information Act Public Records (Scotland) Bill	
Who has been involved/consulted in the development of the policy?		Information Governance Committee, Information Delivery Group, Digital Director, General Managers, Associate Medical Directors, Acting Nursing Director, Associate Nursing Directors, AHP Director, Health Records Staff, Administrative Service Managers, , Employee Director, LNC Chair	
Has the policy been Equality Impact Assessed in relation to:-		Has the policy been Equality Impact Assessed not to disadvantage the following groups:-	
	Please indicate Yes/No for the following:		Please indicate Yes/No for the following:
Age	Yes	People with Mental Health Problems	Yes
Disability	Yes	Homeless People	Yes
Gender Reassignment	Yes	People involved in the Criminal Justice System	Yes
Pregnancy/Maternity	Yes	Staff	Yes
Race/Ethnicity	Yes	Socio Economic Deprivation Groups	Yes
Religion/Belief	Yes	Carers	Yes
Sex (men and women)	Yes	Literacy	Yes
Sexual Orientation	Yes	Rural	Yes
		Language/Social Origins	Yes
Does the policy contain evidence of the Equality Impact Assessment Process?		This is a Health Records Management Policy which does not impact in any differential way on Equality & Diversity	
Has the policy been assessed against the Fairer Scotland Duty?		Yes	
Does the Fairer Scotland Duty apply?		No	
Has the policy been impact assessed in relation to the organisations commitment to Sustainability? Yes			
		Please indicate Yes/No for the following:	
Goods and Services – Introduction or expansion of use of singe use products?		No	
Travel – increased emissions?		No	
Energy – increased emissions?		No	
Waste – increased waste?		No	
Pharmaceuticals – increased waste pharmaceuticals?		No	
Please detail mitigations is answered yes to any of the above			

Is there an implementation plan?	The implementation plan will be developed with the relevant managers and as part of training of the new Records Management Code of Practice for Health and Social Care.
Which officers are responsible for implementation?	Service Managers across the NHS Tayside Health and Social Care Partnerships.
When will the policy take effect?	July 2011
Who must comply with the policy/strategy?	All staff who are involved in the management and use of health records.
How will they be informed of their responsibilities?	Through Implementation Plan, department communication channels and staffnet
Is any training required?	Yes
If yes, attach a template	Health Records Management Learn Pro module
Are there any cost implications?	No
If yes, please detail costs and note source of funding	
Who is responsible for auditing the implementation of the policy?	Overall responsibility for auditing the implementation will lie with the Senior Health Records Managers and each service area will locally audit their area.
What is the audit interval?	Monthly but will relate to the detailed Implementation Plan.
Who will receive the audit reports?	Health Records Committee Service Managers
When will the policy be reviewed and provide details of policy review period (up to 5 years)	Every 2nd year

POLICY MANAGER: Heather Anderson DATE: February 2025

APPROVAL GROUP/COMMITTEE TO CONFIRM: Information Governance and Cyber Assurance Committee
ASSURANCE REPORTING TO STANDING COMMITTEE: Health Records Committee

Appendix 6b

Section 1 (This is mandatory and should be completed in all cases)

Part A – Overview

Name of Policy, Service Improvement, Redesign or Strategy:

NHS Tayside Health Records Strategy and Management Policy

Lead Director or Manager:

Laic Khalique, Director of Digital Strategy

What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

NHS Tayside's Health Records Strategy and Management Policy sets out an overarching framework for integrating current health records management initiatives, as well as recommending new ones.

Description of the Policy, Service Improvement, Redesign or Strategy –

What is it? What does it do? Who does it? And who is it for?

It defines a strategy for improving the quality, availability and effective use of health records within NHS Tayside and provides a strategic framework for all health records management activities. This will enable overall co-ordination of all health records management activities and ensure alignment with NHS Tayside's business and clinical strategies.

The Health Records Management Strategy should be read in conjunction with NHS Tayside Health Records Management Policy and in conjunction with the Records Management Code of Practice for Health and Social Care.

What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it? - Who benefits from it and how?

The key aims and objectives of the policy are to ensure:

- A systematic and planned approach to health records management, covering records from creation to disposal.
- To provide a records and information service of proven quality by constantly monitoring performance and developing services to meet new requirements.
- Efficiency and best value through improvements in the quality and flow of information and greater co-ordination of health records and storage systems.
- Compliance with statutory requirements.
- Awareness of the importance of health records management and the need for responsibility and accountability at all levels.
- Promote and foster good working relationships within the service and with other services throughout NHS Tayside.
- To treat patients and staff with courtesy and respect.

Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

Senior Health Records Leadership Team – Digital Directorate

SECTION 1 Part B – Equality and Diversity Impacts

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.1	Will it impact on the whole population? Yes or No. If yes will it have a differential impact on any of the groups or protected characteristics identified in 1.2. If no go to 1.2 to identify which groups or protected characteristics could be affected.	Yes, it will impact on the whole population within NHS Tayside and anyone who accesses NHS Tayside services.	.Records Management Code of Practice for Health and Social Care	

Which equality group or Protected Characteristics do you think will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.2	Protected characteristics: o Race - Minority ethnic population (including refugees, asylum seekers & gypsies / travellers) o Sex - Women and men o Religion/Belief - People in religious / faith groups o Disability - Disabled people o Age - Older people, children and young people o Sexual Orientation – Is the orientation of persons	This policy will not have a direct impact of any of the stated groups of the population		

	of the same sex, opposite sex or either sex o Gender Reassignment o Pregnancy/Maternity Other: o People with mental health problems o Homeless people o People involved in criminal justice system o Staff o Socio- economically deprived groups o People with mental health problems o Homeless people o Socioeconomic deprivation groups			

	○ Carers ○ Literacy ○ Rural ○ Language / social origins			
Item	**Considerations of impact**	**Outcomes** **Explain the answer and if applicable detail the Impact**	**Document any Evidence / Research / Data to support the consideration of impact**	**Further Actions or improvements required**
1.3	Will the development of the policy, strategy or service improvement/redesign lead to Direct or Indirect discrimination Unequal opportunities Poor relations between equality groups, people with a protected characteristic(s) and other groups Other	The policy apply equality to the whole population.	Records Management Code of Practice for Health and Social Care	

SECTION 2 – Human Rights and Health Impact.

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 8, 9 and 11. (ECHR: European Convention on Human Rights)

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.1	On Life (Article 2, ECHR) o Basic necessities such as adequate nutrition, and safe drinking water o Suicide o Risk to life of / from others o Duties to protect life from risks by self / others o End of life questions	No identifiable impact	N/A	
2.2	On Freedom from ill-treatment (Article 3, ECHR) o Fear, humiliation	No identifiable impact	N/A	

	○ Intense physical or mental suffering or anguish ○ Prevention of ill-treatment, ○ Investigation of reasonably substantiated allegations of serious ill-treatment ○ Dignified living conditions			

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.3	On Liberty (Article 5, ECHR) o Detention under mental health law o Review of continued justification of detention o Informing reasons for detention	No identifiable impact	N/A	
2.4	On a Fair Hearing (Article 6, ECHR) o Staff disciplinary proceedings o Malpractice o Right to be heard o Procedural fairness o Effective participation in proceedings that determine rights such as	No identifiable impact	N/A	

	employment, damages / compensation			

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.5	On Private and family life (Article 8, ECHR) o Private and Family life o Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse o Personal data, privacy and confidentiality o Sexual identity o Autonomy and self-determination o Relations with family, community o Participation in decisions that affect rights	Positive impact in that the Codes of Practice is one of many actions brought forward to ensure the confidentiality, integrity and availability of NHSS information and that it is processed in a fair and lawful manner across Scotland.	Records Management Code of Practice for Health and Social Care	

	○ Legal capacity in decision making supported participation and decision making, accessible information and communication to support decision making ○ Clean and healthy environment			

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research /Data to support the consideration of impact	Further Actions or improvements required
2.6	On Freedom of thought, conscience and religion (Article 9, ECHR) o To express opinions and receive and impart information and ideas without interference	No identifiable impact	N/A	
2.7	On Freedom of assembly and association (Article 11, ECHR) o Choosing whether to belong to a trade union	No identifiable impact	N/A	
2.8	On Marriage and founding a family o Capacity o Age	No identifiable impact	N/A	
2.9	Protocol 1 (Article 1, 2, 3	No identifiable impact	N/A	

	ECHR) o Peaceful enjoyment of possessions			

SECTION 3 – Health Inequalities Impact

Which health and lifestyle changes will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.1	What impact will the function, policy/strategy or service change have on lifestyles? For example will the changes affect: o Diet & nutrition o Exercise & physical activity o Substance use: tobacco, alcohol or drugs o Risk taking behaviours o Education & learning or skills o Other	No identifiable impact	N/A	

3.2.	Does your function, policy or service change consider the impact on the communities? Things that might be affected include: o Social status o Employment (paid/unpaid) o Social/family support o Stress o Income	No identifiable impact	N/A	

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.3	Will the function, policy or service change have an impact on the physical environment? For example will there be impacts on: o Living conditions o Working conditions o Pollution or climate change o Accidental injuries / public safety o Transmission of infectious diseases o Other	No identifiable impact	N/A	
3.4	Will the function, policy or service change affect access to and experience of services?	Yes, it will have a positive impact on healthcare provision as all relevant information will be available to clinical staff.	Records Management Code of Practice for Health and Social Care	

	For example o Healthcare o Social services o Education o Transport o Housing			

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.5	In relation to the protected characteristics and other groups identified: What are the potential impacts on health? Will the function, policy or service change impact on access to health care? If yes - in what way?	Yes, it will have a positive impact on healthcare provision as all relevant information will be available to clinical staff.	Records Management Code of Practice for Health and Social Care	

SECTION 4 – Financial Decisions Impact

How will it affect the financial decision or proposal?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
4.1	Is the purpose of the financial decision for service improvement/redesign clearly set out Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at	N/A		
4.2	Is there sufficient information to show that "due regard" has been paid to the equality duties in the financial decision making	N/A		

	Have you identified methods for mitigating or avoiding any adverse impacts on equality groups Have those likely to be affected by the financial proposal been consulted and involved			

SECTION 5 – Involvement, Engagement and Consultation (IEC)

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
5.	Involvement, Engagement and Consultation (IEC) o What existing IEC data do we have? o Existing IEC sources o Original IEC o Key learning o Have staff Networks been part of the consultation?(where required and not limited to, nor to exclude any other community involvement, engagement and	N/A	N/A	

	consultation). o Do you have lived experiences? What further IEC, if any, do you need to undertake?			

Section 6 – Have Potential Negative Impacts been Identified?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
6.	Have any potential negative impacts been identified? If so, what action has been proposed to counteract the negative impacts? (if yes state how) For example: o Is there any unlawful discrimination? o Could any community get an adverse outcome? o Could any group be excluded from the benefits of the function / policy? (consider groups outlined in 1.2) o Does it reinforce	No negative impacts	N/A	

	negative stereotypes? (For example, are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?)			

Section 7 – Data and Research

7.	Data and Research Is there need to gather further evidence / data? Are there any apparent gaps in knowledge / skills?	Awareness session have been held previously as well as communications via Vital Signs and Staffnet

Section 8 – Monitoring Outcomes

8.	Monitoring of Outcome(s) How will the outcome(s) be monitored? Who will monitor? What criteria will you use to measure progress towards the outcome(s)?	Programme of annual retention, destruction and archiving of patient health records in accordance with agreed retention schedules.

Section 9 – Recommendation(s)

9.	Recommendation(s) State the conclusion of the Equality Impact Assessment and any recommendation(s)	No negative impact has been identified for the protected characteristics

Section 10 – Progress to Completion

10.	Completed function/policy Who will sign this off? When?	Information Governance Committee September 2022

SECTION 11 – Publication

11.	Publication – Where will it be published and who has responsibility to publish it? Please also provide a copy of the approved EQIA following approval from the appropriate committee. Please email a copy to tay.corporateequalities@nhs.scot	Impact assessment will be attached to NHS Tayside Health Records Strategy and Management Policy

	and a copy will be uploaded to the Equality and Diversity page on Staffnet and on the NHS Tayside Equality and Diversity public Internet page.	

SECTION 12 – Fairer Scotland Duty Assessment

Each EQIA must have a supporting Fairer Scotland Duty Assessment to declare if the Duty has been applied or not. Please complete either section 12A – 'Fairer Scotland Duty Assessment not Required Evaluation Tool' or Section 12B – 'Fairer Scotland Duty Assessment Applied Evaluation Tool'.

SECTION 12A – Fairer Scotland Duty Assessment Not Required Evaluation Tool

Title of the programme/ proposal/decision	NHS Tayside Health Records Strategy and Management Policy
Programme/ proposal/ decision implementation date	July 2011
Directorate/ Division/ Service/ Team	Digital Directorate – Health Records Service
Responsible officer for taking decision	Heather Anderson – Head of Health Records
Who else was involved in taking the decision	Senior Health Records Leadership team
Was the decision taken by a partnership?	Yes ☐ No ☐X
Rationale for decision	The programme has no relevance re socio-economic inequalities
Declaration: I confirm that the decision **not** to carry out a Fairer Scotland Duty assessment has been authorised by: Name and Job Title: Heather Anderson, Head of Health Records Date Authorisation given: 14/2/25	

SECTION 12 B - Fairer Scotland Duty Assessment Applied Evaluation Tool

Section 1 - Planning	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. Due regard was paid during the development of the programme/proposal/decision, with a plan developed early to support the Duty assessment.				
2. The aims and expected outcomes of the programme/ proposal/ decision were clearly articulated and confirmed at the planning stage.				
3. Relevant stakeholders were involved in the planning stage.				
4. The appropriate officers across the organisation were made aware that the assessment was underway and that it could have affected the final decision being made.				
Based on your responses to the statements above, please provide evidence/ positive examples.				
Based on the statements above, where could future Duty assessments be strengthened?				

Section 2 - Evidence	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. Evidence was reviewed to identify the programme/ proposal/decision's actual or likely impacts on socio-economic disadvantage and key inequalities of outcome.				
2. Any existing evidence on the effects and effectiveness of the programme/proposal/decision being developed was collated.				
3. EQIA planning work for this issue was reviewed to identify if sex, race, disability or other protected characteristics intersected with socio-economic characteristics and had to be factored into decision making.				
4. Where possible, new evidence was collected for areas that were lacking in evidence to support decision making.				
5. Communities of interest (including those with direct experience of poverty and disadvantage) were engaged with in this process.				
Based on your responses to the statements above, please provide evidence/ positive examples.				
Based on the statements above, where could future Duty assessments be strengthened?				

Section 3 – Assessment and Improvement	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. The assessment took place early enough for any impacts identified to inform the strategic decision being made and appropriate action taken.				
2. The programme/proposal/ decision was assessed to identify how it could be improved so it reduced or further reduced inequalities of outcome, with a particular focus on socio-economic disadvantage.				
3. Senior decision makers were involved in the assessment.				
4. Any adjustments to the programme/proposal/ decision took account of how these could further benefit particular communities of interest or of place, who are more at risk of inequalities of outcome associated with socio-economic disadvantage.				
Based on your responses to the statements above, please provide evidence/ positive examples.				
Based on the statements above, where could future Duty assessments be strengthened?				

Section 4 – Decision	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. As a result of a Duty assessment, any changes required were made to the programme/proposal/ decision.				
2. There is a collective understanding, including at a senior level, of why any changes, if required, were made and what the expected outcomes are.				
3. If no changes were required to the proposal after a Duty assessment, this was clearly understood by all involved in the process.				
Based on your responses to the statements above, please provide evidence/ positive examples.				
Based on the statements above, where could future Duty assessments be strengthened?				

Section 5 - Publication	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. A record of the Duty assessment has been produced, that clearly and accessibly explains the impact of the assessment upon the process.				
2. The Duty assessment has been written up as either an annex to a publication setting out the proposal, or as a Duty assessment document published separately or as a separate section within an EQIA.				
3. The Duty assessment has been signed off by an appropriate officer and published where it can be easily accessed.				
Based on your responses to the statements above, please provide evidence/ positive examples.				
Based on the statements above, where could future Duty assessments be strengthened?				

Summary Sheet: Outcome of Equality Impact Assessment	
Positive Impacts **(Note the groups affected)** **None**	**Negative Impacts** **(Note the groups affected)** **None**
What if any additional information and evidence is required? No additional evidence required	
From the outcome of the Equality Impact Assessment what are your recommendations? (refer to section 5 - 12) Policy review in 2 years or earlier if required due to legislative changes.	

This summary sheet can be attached to the relevant committee report instead of the fully completed template, but if requested by the Committee or Board the fully completed Equality Impact Assessment should be made available.

MUST BE COMPLETED IN ALL CASES

Manager's Signature  **Date 14/2/2025**