

# **Records Management Policy**

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**Document type: Policy**

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## 1 Introduction

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Records Management is the process by which an organisation manages all the activities associated with records e.g. creation, tracing and tracking and destruction.

Activities associated with records management are referred to as the records 'life cycle'. This describes the life of a record from its creation or receipt, i.e. from the period of its 'active' use, into a period of 'inactive' retention (such as closed files which may still be referred to occasionally). Finally the record is either confidentially destroyed or archived for permanent preservation in a place of deposit.

Records must be managed throughout their lifecycle; from the moment they are created to the moment they are destroyed. The main elements of records management are:

- They must be kept secure at all times to prevent breaches of confidentiality;
- They must be managed so they are always available when needed;
- They must be prevented from unauthorised access and be kept accurate and up-to-date, these activities will maintain their integrity.

Record keeping is distinct from records management. Record keeping is the process of recording actions, activities and decisions according to minimum record keeping standards – 'what you write and how you write it'.

## 2 Why we need this policy

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The Trust has a legal duty to make sure records are managed from the moment they are created, to the moment they are destroyed or placed in special deposit for permanent archive.

All NHS records are public records under the terms of the Public Records Act 1958 and as such the organisation has a duty to make arrangements for the safe keeping, maintenance, archiving and eventual disposal of all types of records.

### 2.1 Purpose

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The purpose of this policy is to ensure:

- Records are available when needed
- Records can be accessed
- Records can be clearly understood
- Records can be trusted
- Records can be maintained through time
- Records are secure
- Records are protected by a contingency or business continuity plan
- Records are retained and disposed of appropriately

- Staff are trained
- The Trust provides audit trails, has clear filing structures, controlled access, standardised naming conventions, version control standards and protectively marked records.
- This policy ensures the Trust complies with the legal and professional obligations shown in section 9 [References](#).

## 2.2 Objectives

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Adhering to this policy will ensure:

- The Trust meets its obligations under the Health and Social Care Act 2008 to:
  - create patient records;
  - create staff records;
  - create any other records associated with the management of health and social care;
- Records provide evidence of actions and decisions and are a vital asset to support daily business operations;
- Records protect the interests of the Trust and the rights of patients, staff and members of the public;
- Records are used as evidence in law courts:
  - Patient records are used in clinical negligence cases
  - Staff records are used in employment tribunals
  - Financial records, e.g. travel expense claim forms might be used in fraud cases
- Good records management will lead to:
  - Better use of physical and computer server space
  - Showing how decisions related to patient care were made
  - Supporting effective clinical judgements and decisions
  - Promoting better communication and sharing of information between members of a multi-professional health care team

## 3 Scope

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### 3.1 Who and what this policy applies to

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This policy applies to:

- All clinical and non-clinical staff who work with records.
- **All** records held by the Trust, clinical and non-clinical, in **any** format. Records can exist in a variety of media e.g. paper, electronic, still and moving images and audio footage.

## 3.2 Roles and responsibilities

Role	Responsibility
<b>Secretary of State for Health</b>	<ul style="list-style-type: none"> <li>Statutory duty to make arrangements for the safe keeping and disposal of records.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>Ensuring it meets legal responsibilities and adopts internal and external governance requirements</li> </ul>
<b>Chief Executive</b>	<ul style="list-style-type: none"> <li>Overall responsibility for records management in the Trust.</li> <li>As accountable officer he/she is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Records management is key to this as it will ensure appropriate, accurate information is available as required.</li> </ul>
<b>Caldicott Guardian</b>	<ul style="list-style-type: none"> <li>Particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. T</li> <li>Ensuring patient identifiable information is shared in an appropriate and secure manner.</li> <li>The Caldicott Guardian has a strategic role which involves representing and championing information governance requirements and issues at Board and Executive Management Team level. The trust's Caldicott Guardian is the Executive Director of Nursing &amp; Governance.</li> </ul>
<b>Data Protection Officer (DPO)</b>	<ul style="list-style-type: none"> <li>The DPO is an essential role in facilitating 'accountability' and the organisations ability to demonstrate compliance with the GDPR</li> <li>To oversee the records management systems in the organisation so that all holding, processing and sharing activities are understood and compliant with GDPR principles</li> </ul>
<b>Head of Information Services</b>	<ul style="list-style-type: none"> <li>Responsible with the Digital Transformation Board for ensuring that this policy is implemented and that the records management system and processes are developed, co-ordinated and monitored.</li> <li>Responsible for implementing the Digital Transformation Strategy</li> </ul>
<b>Patient Systems Manager</b>	<ul style="list-style-type: none"> <li>Managing the operation and development of the organisation's archive records libraries.</li> <li>Overall responsibility for operational management of external storage suppliers.</li> </ul>
<b>Information Risk, Policy and Records Standards Manager</b>	<ul style="list-style-type: none"> <li>Overall development and maintenance of records management strategy and practices throughout the Trust, in particular for drawing up guidance for good records management practice and promoting compliance with this policy in such a way as to ensure the easy, appropriate and timely retrieval of information.</li> </ul>

<b>Information Risk, Records and Policy Audit Officer</b>	<ul style="list-style-type: none"> <li>Working closely with the Information Risk, Policy and Records Standards Manager to monitor and evaluate compliance with records management.</li> </ul>
<b>Information Asset Owners and Administrators</b>	<ul style="list-style-type: none"> <li>The Trust has an information risk management structure in place as defined within the Information Security and Risk Policy.</li> <li>The purpose of the job roles within that structure is, amongst other things, to identify risks to trust records and mitigate those risks.</li> <li>All such risks and mitigating actions are documented, assessed and reported to the board through the information risk management structure as defined within the Information Asset Register Procedure.</li> </ul>
<b>Managerial Staff</b>	<ul style="list-style-type: none"> <li>Executive directors and their senior managers are personally accountable for the quality of records management within the Trust</li> <li>ALL line managers must ensure that their staff, whether administrative or clinical, apply the appropriate guidelines, that is, they must have an up-to-date knowledge of the laws and guidelines concerning confidentiality, data protection, freedom of information and access to patient information.</li> </ul>
<b>Patient Systems Administrator</b>	<ul style="list-style-type: none"> <li>The Trust's Records Service manages the end of lifecycle processes for retention and disposition at Trust archive centres.</li> <li>The Patient Systems Administrator provides advice and guidance on the disposition systems and processes and co-ordinate the movement of records when services relocate or appraise their local archive stores.</li> </ul>
<b>All Trust Staff</b>	<ul style="list-style-type: none"> <li>Whether clinical or administrative, who create, receive and use records have records management responsibilities.</li> <li>Keeping appropriate records of their work in the Trust and managing those records in keeping with this policy and with any guidance subsequently produced.</li> </ul>
<b>Support Organisations and Contractors</b>	<ul style="list-style-type: none"> <li>Service Level Agreements and contracts must include responsibilities for information governance and records management. Therefore, support organisations and contractors are contractually bound to fulfil records management and information governance obligations.</li> </ul>

## 4 Policy

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All health care professional bodies' standards of professional practice emphasise the importance of record keeping. Trust standards for clinical records are detailed within the [Minimum Standards for Clinical Record Keeping](#).

Staff and corporate or business records are the Trust's non-health records and relate to our business activity, supporting sound administrative and managerial decision making. If the document is evidence that something was done, or a decision was made, then it is a record and needs to be kept in a place where it can be found again. Trust standards for corporate records are detailed within the [Minimum Standards for Corporate Record Keeping](#).

### 4.1 Archiving

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- The Trust's Records Service controls the movement of records into external archive.
- Services send their closed records to external archive through Records Service staff.
- The Records Service has three offices;
  - Lanchester Road Hospital, Durham
  - Flatts Lane Centre, Middlesbrough
  - Huntington House, York

### 4.2 Creating records

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- Patient records will be created with a unique identifier; an NHS number.



Only approved Trust patient casenote folders can be used for filing documents.

### 4.3 Maintaining paper records

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- Paperwork in records **must** be bound onto a retaining spine.



- Paper records **must not** be left loose in the folder.
- Plastic wallets **are not** permitted in patient records.

### 4.4 Tracing and tracking

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- Accurate recording and the knowledge of the whereabouts of all records is essential if the information they contain is to be located quickly and efficiently. The tracking systems in use in the Trust must provide an up to date and easily accessible movement history and audit trail. When records are misplaced or 'lost', it is because the tracking and tracing process has not

been robust.



The movement of all paper records and documents around the organisation **must** be traced and tracked.

## 4.5 Confidentiality

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The information contained in records is confidential and is covered by the Common Law Duty of Confidentiality.



The Trust takes its responsibilities under the duty of confidentiality very seriously and will take action if any record, either paper or electronic, is deliberately accessed without permission or good reason.



The electronic patient records system, PARIS, is monitored for inappropriate access.

## 4.6 Registration of records collections

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- Collections of records must be recorded on information asset registers.
- Information asset registers must be updated at regular intervals, not less than annually.
- Refer to the [Information Asset Register Procedure](#) for further information.


## 4.7 Records management procedures

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- There are Trust procedures to manage the activities associated with records throughout their life cycle:
  - from creation through to destruction;
  - movement of records; and
  - permanent preservation.
- These must be followed by all staff who work with records.

## 4.8 Scanning and records management

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- Multi-function devices provide the facility to scan documents to pdf to enable documents to be emailed.
- If a paper record is scanned, the original paper record must be retained.
-  Scanned documents do not replace the original record as the Trust currently is not assured that the scanned document meets the standards for legal admissibility.



## 4.9 Sharing records and information

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- Personal information can be shared when there is a lawful basis for doing so. The [Confidentiality and Sharing Information Policy](#) helps staff understand when to share information with other professionals, and when not to share, so they can provide the best standard of care.
- The Trust has inter-agency agreements that cover information sharing between its main partner agencies.
- These are published on the Trust's intranet site.


## 4.10 Retention of records

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- It is a basic requirement that all NHS records are retained for a minimum period of time.
- The length of time for retaining records depends on the type of record. The trust has adopted the [retention periods](#) set out in the [Records Management Code of Practice for Health and Social Care 2016](#)
- For advice on records retention, contact [tewv.informationsecurity@nhs.net](mailto:tewv.informationsecurity@nhs.net)




## 4.11 Destruction of records

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-  Only authorised staff may destroy records relating to patients and staff.
- The method used to destroy all records must secure their complete illegibility.
- A brief description of all records destroyed must be kept by Trust Records Service;
  - This department holds a catalogue that identifies all records that have been destroyed or moved outside of the Trust.
  - The catalogue of destroyed records is kept indefinitely.
- Records destruction must be accompanied by a destruction certificate.

## 4.12 Security and missing records

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-  Records must be kept secure and should be stored in an appropriate lockable cabinet within a secure room.
-  When transported, records must be transported securely in the boot of a car.
-  Records held electronically must be stored in line with the Trust's information security and risk policy and other associated policies.




**Any incident or near miss** relating to a breach in security regarding the use, storage, transportation or handling of records **must be reported** using the Trust's incident reporting system (DATIX).

## 4.13 Staff training

- All Trust staff will be made aware of their responsibilities for records management and record-keeping through generic and specific training programmes and guidance.
- Staff will be made aware of this policy and the procedures for records management as part of their local induction.

## 4.14 Clinical record keeping competency

- Supervisors are responsible for ensuring that staff are competent to record in clinical records;
    - Registered healthcare practitioners are deemed competent by virtue of the training they receive in record keeping prior to registration;
    - The Trust framework on competency in clinical record keeping allows for non registered staff to make entries without countersignature as long as they have:
      - been assessed as competent, or
      - undertaken the competency training, and
      - been signed off as competent by the supervising practitioner;
    - Registered staff may also use the framework to refresh their skills.
  - Supervisors of non-healthcare staff who write in records must satisfy themselves that their staff are competent to write independent entries in clinical records;
    - These supervisors may use the documentation within the competency framework to evidence competency.
-  All staff who write in clinical records (Trust staff, staff not employed by the Trust but part of the multi disciplinary team and voluntary sector staff) must comply with the Trust's minimum standards for clinical record keeping and this records management policy.

## 4.15 Disclosure of records and information



All requests for the disclosure of records and information should be handled in accordance with the Data Protection Act 2018 (GDPR), The Access to Health Records Act 1990 and the Freedom of Information Act 2000.



Original records must never be released unless exceptional circumstances exist and then they must be tracked and their return ensured.

- The decision to allow original records to be released from the Trust will be taken by the Head of Information Governance.

- Exceptional circumstances would normally require a court order.
- The steps to be followed when moving records are documented in the Trust's records management procedures.
- Any disclosure of personal confidential data must be made through the Trust's Data Protection Team (see 4.15)

## 4.16 Rights of the data subject

The Data Protection Act 2018 (GDPR) provides the following rights to individuals in respect of personal data held about them:

### 4.16.1 Right to be informed

- Individuals have the rights to be informed about the processing of their personal information. Requests should be made to the Data Protection Officer. The process for doing so is described in the [Requests for Information Procedure](#).

### 4.16.2 Right of access

- Requests for access to personal information are processed as described in the [Requests for Information Procedure](#).

### 4.16.3 Right to rectification, erasure or restriction of processing

- Requests to correct inaccurate data, erase data or restrict the processing of data are considered individually giving due regard to clinical risk and safeguarding the individual, staff and members of the public.
- Any requests must be forwarded to the Head of Information Governance who is also the Data Protection Officer for the Trust.
- When data has already been shared with 3<sup>rd</sup> parties, individuals have the right to be informed when the Trust notifies those 3<sup>rd</sup> parties of requests for rectification, erasure or restriction of processing. This process will be overseen by the Data Protection Officer.

### 4.16.4 Right to data portability

- Individuals who request access to their personal data are able to receive that information electronically in a structured, commonly used and machine-readable format.
- Where technically possible, individuals can also request that their information is transmitted directly to another controller, e.g. another care provider or 3<sup>rd</sup> party.
- Requests for access to personal information in electronic formats, or transferring to a third party, are processed as described in the [Requests for Information Procedure](#).

### 4.16.5 Right to object

- Where personal data are processed for:
  - scientific;

- historical research; or
- statistical

purposes, the individual has the right to object to processing of their personal data unless the processing is necessary for performing a task carried out for reasons of public interest.

- Objections are considered on an individual basis and must be forwarded to the Head of Information Governance who is also the Data Protection Officer for the Trust.

#### **4.16.6 Right not to be subject to a decision based solely on automated processing, including profiling**

- The Trust currently does not have any automated decision-making or profiling processes.
- Any future changes to this will consider and evidence the requirements of GDPR throughout the development and implementation lifecycle.

### **4.17 Records and research governance**

See 4.15.4 re the right to object to processing of personal data for historical research purposes.



Any research undertaken using patient information must first have formal governance and ethics approval. Contact the Trust's Research and Development team for advice.

### **4.18 Disciplinary measures**



Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the Trust's disciplinary procedure.

## **5 Definitions**

<b>Term</b>	<b>Definition</b>
Corporate records	Records (other than health records) that are of, or relating to, an organisation's business activities covering all the functions, processes, activities and transactions of the organisation and of its employees
Integrity of records	The integrity of a record refers to its being complete and unaltered. It is necessary that a record be protected against unauthorised alteration.
Health record	A single record with a unique identifier containing information relating to the physical or mental health of a given patient who can be identified from that information and which has been recorded by, or on behalf of, a health professional, in connection with the care of that

	<p>patient. This may comprise text, sound, image and/or paper and must contain sufficient information to support the diagnosis, justify the treatment and facilitate the ongoing care of the patient to whom it refers.</p>
Place of deposit	A record office which has been approved for the deposit of public records in accordance with section 4(1) of the Public Records Act 1958. This is usually the record office of the relevant (i.e. county, borough, or unitary) local authority.
Records Management	The process by which an organisation manages all the activities associated with records e.g. creation, tracing and tracking and destruction.
Record Keeping	The process of recording actions, activities and decisions according to minimum record keeping standards – ‘what you write and how you write it’.

## 6 Related documents

[NHS number procedure](#)

[Information security and risk policy](#)

[Information asset register procedure](#)

[Information governance policy](#)

[Minimum standards for clinical record keeping](#)

[Minimum standards for corporate record keeping](#)

## 7 How this policy will be implemented

<ul style="list-style-type: none"> <li>• This policy will be published on the Trust’s intranet and external website.</li> </ul>
<ul style="list-style-type: none"> <li>• Line managers will disseminate this policy to all Trust employees through a line management briefing.</li> </ul>
<ul style="list-style-type: none"> <li>• New staff will receive training in this policy through local induction.</li> </ul>
<ul style="list-style-type: none"> <li>• Information department Compliance team visit Trust teams to advise on records management procedures and best practice.</li> </ul>

### 7.1 Training needs analysis

Staff/Professional	Type of Training	Duration	Frequency of Training
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Group			
All staff with record keeping responsibility	Local induction	30 minutes	Once or as required by supervision

## 8 How the implementation of this policy will be monitored

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

## 9 References

[Records Management NHS Code of Practice for Health and Social Care 2016](#)

[The Public Records Act 1958](#)

[The Public Records Act 1967;](#)

[Data Protection Act 2018 \(GDPR\)](#)

[The Freedom of Information Act 2000;](#)

[The Environmental Information Regulations 2004;](#)

[The Common Law Duty of Confidentiality;](#)

[The NHS Confidentiality Code of Practice;](#)

[Health and Social Care Information Centre - A Guide to Confidentiality in Health and Social Care; September 2013](#)

[Safeguarding Vulnerable Groups Act 2006;](#)

[Access to Health Records Act 1990;](#)

[The Computer Misuse Act 1990;](#)

[Human Fertilisation and Embryology Act 1990;](#)

[The Caldicott Report 1997;](#)

[Information Security Management NHS Code of Practice 2007;](#)

[Electronic Communications Act 2000;](#)

[Care Quality Commission, essential standards of quality and safety;](#)

[Health and Social Care Information Centre, Information Governance Toolkit requirements;](#)

[The Re-use of Public Sector Information Regulations 2005;](#)

Clinical Professional Obligations imposed by professional bodies such as:

The Nursing and Midwifery Council  
 General Medical Council  
 British Association of Psychologists  
 College of Occupational Therapists  
 Health Professions Council

## 10 Document control

Date of approval:	13 June 2018	
Next review date:	13 December 2021	
This document replaces:	CLIN-0026-v6 Records Management Policy	
Lead:	Name	Title
	Andrea Shotton	Information Risk, Policy and Records Standards Manager
Members of working party:	Name	Title
		GDPR Working Group
This document has been agreed and accepted by: (Director)	Name	Title
	Patrick McGahon	Director of Finance and Information
This document was approved by:	Name of committee/group	Date
	Digital Safety and Information Governance Board	06 June 2018
	Digital Transformation and Safety Board	14 August 2019
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	28 Aug 2019 (minor revision)
An equality analysis was completed on this document on:	25 May 2018	
Amendment details:	May 2018 – revised with new data subject rights under DPA 2018 (GDPR). Revision to job titles and responsibilities. June 2019 – revised wording to individuals’ rights under the DPA 2018 (in line with the Requests for Information Procedure). Oct 2020 – Review date extended to 13 Dec 2021	

## Appendix 1 - Equality Analysis Screening Form

**Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page**

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Corporate				
Name of responsible person and job title	Andrea Shotton – Information Risk, Policy and Records Standards Manager				
Name of working party, to include any other individuals, agencies or groups involved in this analysis	GDPR Steering Group				
Policy (document/service) name	Records Management Policy				
Is the area being assessed a...	Policy/Strategy	<input checked="" type="checkbox"/>	Service/Business plan		Project
	Procedure/Guidance				Code of practice
	Other – Please state				
Geographical area covered	Trust-wide				
Aims and objectives	<p>Adhering to this policy will ensure:</p> <ul style="list-style-type: none"> <li>• The Trust meets its obligations under the Health and Social Care Act 2008 to: <ul style="list-style-type: none"> <li>○ create patient records;</li> <li>○ create staff records;</li> <li>○ create any other records associated with the management of health and social care;</li> </ul> </li> <li>• Records provide evidence of actions and decisions and are a vital asset to support daily business operations;</li> <li>• Records protect the interests of the Trust and the rights of patients, staff and members of the public;</li> </ul>				



	<ul style="list-style-type: none"> <li>• Records are used as evidence in law courts:             <ul style="list-style-type: none"> <li>○ Patient records are used in clinical negligence cases</li> <li>○ Staff records are used in employment tribunals</li> <li>○ Financial records, e.g. travel expense claim forms might be used in fraud cases</li> </ul> </li> <li>• Good records management will lead to:             <ul style="list-style-type: none"> <li>○ Better use of physical and computer server space</li> <li>○ Showing how decisions related to patient care were made</li> <li>○ Supporting effective clinical judgements and decisions</li> <li>○ Promoting better communication and sharing of information between members of a multi-professional health care team</li> </ul> </li> </ul>
<p>Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)</p>	<p>12 April 2018</p>
<p>End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)</p>	<p>25 May 2018</p>

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Julie Barfoot on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

All Trust patients and staff

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

<b>Race</b> (including Gypsy and Traveller)	No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	No	<b>Gender</b> (Men, women and gender neutral etc.)	No
<b>Gender reassignment</b> (Transgender and gender identity)	No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	<b>Age</b> (includes, young people, older people – people of all ages)	No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	No

**Yes** – Please describe anticipated negative impact/s

**No** – Please describe any positive impacts/s

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.?  <b>If 'No', why not?</b></p>	<p>Yes</p>		<p>No</p>	
<p><b>Sources of Information may include:</b></p> <ul style="list-style-type: none"> <li>• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>• Investigation findings</li> <li>• Trust Strategic Direction</li> <li>• Data collection/analysis</li> <li>• National Guidance/Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Staff grievances</li> <li>• Media</li> <li>• Community Consultation/Consultation Groups</li> <li>• Internal Consultation</li> <li>• Research</li> <li>• Other (Please state below)</li> </ul>			
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p><b>Yes</b> – Please describe the engagement and involvement that has taken place</p>				
<p>This policy has undergone Trust-wide consultation. Trust staff comprise all the protected characteristics.</p>				
<p><b>No</b> – Please describe future plans that you may have to engage and involve people from different groups</p>				

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5. As part of this equality analysis have any training needs/service needs been identified?					
<b>Yes/No</b>	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	No	Service users	No	Contractors or other outside agencies	No
<b>Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</b>					
The completed EA has been signed off by: You the Policy owner/manager: Type name: Andrea Shotton – Information Risk, Policy and Records Standards Manager					Date: 25/05/2018

Your reporting (line) manager:

Type name: Lorraine Sellers – Head of Compliance, Standards and Information

Date:  
25/05/2018

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046