

# SESLHD HANDBOOK COVER SHEET



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<b>KEY TERMS</b>	Corporate Records, Recordkeeping, Records Management
<b>SUMMARY</b>	The framework provides guidance to SESLHD staff on the key Corporate Records Management legislation, policies, standards, procedures, guidelines and tools.

**THIS FRAMEWORK IS A GUIDE FOR BEST PRACTICE**  
**This Framework is intellectual property of South Eastern Sydney Local Health District**  
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## Section 1 – Purpose and Definition

The purpose of the Corporate Records Management Framework is to contextualise Corporate Records Management within South Eastern Sydney Local Health District (SESLHD) and within the broader legislative, regulatory, standard, best practice and community environments.

The framework provides guidance to SESLHD staff on the key Corporate Records Management documents (policies, standards, tools etc.). It will also provide a basis for SESLHD to identify and prioritise additional recordkeeping activities to address any identified gaps.

Records are defined by the Australian Standard on Information and documentation – Records Management Concepts and principles (AS ISO 15489.1:2017) as information created, received, and maintained as evidence and as an asset by an organisation or person, in pursuit of legal obligations or in the transaction of business.

**SESLHD’s Corporate Records** are described as any record that **does not** form part of a patient record as they relate to the business activities of the district. SESLHD Corporate records must be managed and disposed of in accordance with the *State Records Act 1998*.

Examples of SESLHD Corporate Records include, but are not limited to:

- Records which set the standard for clinical practices and quality improvement such as Policies, Procedures and Guidelines created by SESLHD
- Records of commercial services such as contracts, agreements and tenders
- Records of community relations and community consultation and media liaison
- Agendas (including appendices) and minutes of meetings of formally established boards, advisory councils and committees
- Records related to managing the asset portfolio of SESLHD including strategic planning and capital works delivery
- Records that identify, evaluate and document performance accountability such as Internal / External reviews and audits,
- Records of financial transactions, financial planning, framing budgets and financial allocations
- Personnel records of all employees including appointments, employment conditions and performance appraisals.

A detailed list of all records that fall within the definition of SESLHD Corporate Records is available from the [NSW Department of Health Business Classification Scheme](#)

## Section 2 – Model and Principles

SESLHD Corporate Records management operations are to be carried out on a devolved basis in accordance with centrally approved policy and standards. Each hospital, service or unit is responsible for making effective arrangements for managing the records relating to its functions, including the allocation of the necessary resources including monitoring and reporting compliance with policies, procedures, standards and legislation.

Corporate Records provide evidence of the business activities and transactions conducted by SESLHD. Creating and maintaining full and accurate records is critical for SESLHD to conduct business now and in the future. SESLHD's corporate records provide an essential, valuable corporate memory and authoritative resource to support the ongoing achievement of our strategic objective - the delivery of health services.




Ongoing improvements to SESLHD's corporate records management systems and practices will derive benefits such as:

- [Assessment of new business systems](#) at point of procurement to ensure compliance with digital recordkeeping standards
- more efficient business processes that rely on information.
- consolidation of uncontrolled information sources, for example share drives, emails, SharePoint libraries, into a single point of truth for corporate records.
- faster retrieval of records to facilitate information sharing, collaboration and reuse.
- more informed and evidence-based decision making.
- better security of our records.
- improved access through the capture and management of electronic records.
- rationalisation of physical and electronic storage space.
- greater availability of records to support compliance, accountability, transparency, enforce our legal rights and for evidential purposes.
- improved internal management processes and control of information resources.
- improved compliance with legislative and statutory requirements and in particular the [State Records Act 1998](#) and [Government Information \(Public Access\) Act 2009](#)

### EXCLUSIONS

**This framework is intended to guide corporate recordkeeping practices, it is not intended to guide the District's medical recordkeeping practices.**

## Section 3 – Description

SESLHD Corporate Records Management Framework	
Legislation 	<ul style="list-style-type: none"> <li>▪ <a href="#">State Records Act 1998</a></li> <li>▪ <a href="#">Government Information (Public Access) Act 2009</a></li> <li>▪ <a href="#">Privacy and Personal Information Protection Act 1998</a></li> </ul>
Standards 	<ul style="list-style-type: none"> <li>▪ AS/ISO 15489.1:2017 Information and documentation - Records management concepts and principles</li> <li>▪ <a href="#">State Records Authority NSW Standard on Records Management</a></li> <li>▪ <a href="#">State Records Authority NSW Standard on the physical storage of State Records</a></li> </ul>
Policies 	<ul style="list-style-type: none"> <li>▪ <a href="#">SESLHD Policy SESLHDPD/196 - Records Management</a></li> <li>▪ <a href="#">SESLHD Policy SESLHDPD/203 - Records management retention periods</a></li> <li>▪ <a href="#">NSW Health Policy Directive Electronic Information Security PD2020_046</a></li> </ul>
Retention and Disposal Authorities 	<ul style="list-style-type: none"> <li>▪ <a href="#">GDA17 Health Services, Public: Patient/Client Records</a></li> <li>▪ <a href="#">GDA19 Health System, Public: Departments of Forensic Medicine</a></li> <li>▪ <a href="#">GDA21 Health Services, Public: administrative records</a></li> <li>▪ <a href="#">GA28 Administrative Records - Includes financial, accounting and personnel records</a></li> <li>▪ <a href="#">GA45 Original or source records that have been copied</a></li> </ul>
Procedures 	<ul style="list-style-type: none"> <li>▪ <a href="#">SESLHD Procedure – Records – destruction of</a></li> <li>▪ <a href="#">SESLHD Procedure – Records – disaster management</a></li> <li>▪ <a href="#">SESLHD Procedure – Records – management of email</a></li> <li>▪ <a href="#">SESLHD Procedure – Records – managing paper original or imaged records</a></li> <li>▪ <a href="#">SESLHD Procedure – Records – storage and protection</a></li> <li>▪ <a href="#">State Records Procedure Transferring custody of records as State archives</a></li> </ul>
Guidelines and Business rules 	<ul style="list-style-type: none"> <li>▪ <a href="#">NSW Health Business Classification Scheme (BCS)</a></li> <li>▪ Business rules - SESLHD Content Manager – October 2017 -- T17/47292</li> <li>▪ Business Rules - Content Manager ePersonnel Files – March 2019 – T18/32218</li> </ul>
Training 	<ul style="list-style-type: none"> <li>▪ <a href="#">HETI Corporate Records management online training – My Health Learning – Course Code 227079002</a></li> <li>▪ <a href="#">State Records training and skills development courses</a></li> <li>▪ <a href="#">SESLHD Content Manager online training</a></li> </ul>

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	<p>Contact <a href="mailto:SESLHD-Mail@health.nsw.gov.au">SESLHD-Mail@health.nsw.gov.au</a> for login details</p> <ul style="list-style-type: none"><li>▪ <a href="#">SESLHD Content Manager Face to Face training</a></li></ul> <p>Contact <a href="mailto:SESLHD-Mail@health.nsw.gov.au">SESLHD-Mail@health.nsw.gov.au</a> for booking enquiries</p>
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## Section 4 –Legislation

Underpinning the Framework are the legal requirements set by the NSW Government to ensure that public agencies manage their resources effectively, ethically and efficiently. South Eastern Sydney Local Health District is required to manage records in accordance with legislation.

### 4.1 *State Records Act 1998*

Key records management provisions of the Act require public offices to:

- make and keep records that fully and accurately document their operations and administration
- establish and maintain a records management program in conformity with standards and codes of best practice approved by State Records
- ensure that records are stored in conditions appropriate to their format and preservation requirements
- ensure that records held in digital or other technology dependent formats are accessible for as long as they required.

Other key parts of the Act include provisions governing the disposal of records, a statutory basis for a right of public access to records more than thirty years old, and the transfer of records required as State archives to the custody and control of State Records.

### 4.2 *The Government Information (Public Access) Act 2009*

The right to information legislation promotes greater openness and accountability by giving individuals a right to apply for access to documents held by government agencies. The Act:

- authorises and encourages the proactive release of information by NSW public sector agencies
- gives members of the public a legally enforceable right to access government information
- ensures that access to government information is restricted only when there is an overriding public interest against releasing that information.

The Act requires that full and accurate records be effectively managed to ensure that they are available in a useable and timely manner should access be approved.

### 4.3 *Privacy and Personal Information Act 1998*

The Act defines personal information as information that identifies you. For example; a record which may include your name, address and other details about you, photographs, images, video or audio footage, fingerprints, blood or DNA samples.

Corporate records may include personal information. For example, workforce records and complaint or incident investigations.

The Act includes 12 Information Protection Principles (IPPs) with which Agencies must comply:

### **Collection**

1. Lawful - Only collect your personal information for a lawful purpose. It must be needed for the agency's activities
2. Direct - Collect the information from only you, unless exemptions apply
3. Open - Tell you that the information is being collected, why and who will be using it and storing it. You must be told how to access it and make sure it's correct.
4. Relevant - Make sure that your personal information is relevant, accurate, current and non-excessive

### **Storage**

5. Secure - Store your personal information securely. It should not be kept longer than needed, and disposed of properly

### **Access and Accuracy**

6. Transparent - Provide you with details about the personal information they are storing, reasons why they are storing it and how you can access it if you wish to make sure it's correct
7. Accessible - Allow you to access your personal information in a reasonable time frame and without being costly
8. Correct - Allow you to update, correct or amend your personal information when needed

### **Use**

9. Accurate - Make sure that your personal information is correct and relevant before using it
10. Limited - Only use your personal information for the reason they collected it

### **Disclosure**

11. Restricted - Only release your information if you consented. An agency, however, may also release your information if it's for a related reason and can be reasonably assumed that you would not object. Or your information is needed to deal with a serious and impending threat to someone's health and safety including your own.
12. Safeguarded - Not disclose your sensitive information without your consent. Such information includes: racial, ethnic information, political, religious and philosophical beliefs, sexual activity and trade union membership. Your information may only be released without consent to deal with a serious and impending threat to someone's health and safety.



## Section 5 – Standards

Standards are measurable and can be subject to audit to determine the level of compliance or may set a benchmark within a sector.

### 3.2.1 AS/ISO 15489.1:2017 Information and documentation - Records management Concepts and principles

Part 1 and 2 – this standard defines the concepts and principles, associated with creation, capture and management of records and sets out accepted good practice within the industry.

**3.2.2 State Records Authority NSW Standards** are issued under the authority of legislation and promote best practice in the management of records. They provide strategic level principles on which the policies, guides and other tools are based. Some of the principles in these standards are mandated and therefore place a compliance obligation on SESLHD.

#### [State Records Authority NSW Standard on Records Management \(2018\)](#)

This standard sets out three principles for effective records and information management:

1. Organisations take responsibility for records and information management
2. Records and information management support business
3. Records and information are well managed

This standard also identifies the minimum compliance requirements that apply to each principle.

#### [State Records Authority NSW Standard on the physical storage of State Records](#)

This standard covers the storage of active and semi active records in the custody of public offices. Records created and maintained by contractors on behalf of public offices in the course of outsourced government business, and the storage of State records by service providers on behalf of public offices, are also covered by the standard. The standard does not cover the storage of State archives.

The standard sets out principles for the storage of State records.

1. Records are stored in appropriate storage areas and facilities and located away from known and unacceptable risk.
2. Records are stored in environmental conditions appropriate to their format and retention period.
3. Shelving, equipment and containers used for storing records are secure, accessible and protected from deterioration.

4. A regular maintenance and monitoring program for records storage areas has been implemented.
5. Records are controlled in a system so that they can be identified, located and retrieved.
6. Records are protected against theft, misuse, unauthorised access or modification.

Each of these principles are supported by mandatory compliance requirements. Compliance with this standard may be monitored by State Records and reported on in its Annual Report.

## Section 6 – Retention and Disposal Authorities

Retention and Disposal Authorities identify those records created and maintained by SESLHD that are required as State Archives and sets out the minimum retention periods for different record classes and the conditions under which SESLHD may dispose of certain other records.

The retention and disposal authorities that are applicable to SESLHD are:

- [GDA17 Health Services, Public: patient/client records](#)
- [GDA19 Health System, Public: Departments of Forensic Medicine](#)
- [GDA 21 Health Services, Public: administrative records](#)
- [GA28 Administrative Records - Includes financial, accounting and personnel records](#)
- [GA45 Original or source records that have been copied](#)

## Section 7 – Supporting Documents

### 7.1 Policies

A policy is a document that describes NSW Health or SESLHD position towards a particular issue. It contains principles that mandate or constrain action of employees and applies to staff employed at all SESLHD sites. SESLHD policies must comply with all relevant legislative and statutory requirements. Compliance with policies is mandatory

The NSW Health / SESLHD relevant policies are:

- [SESLHD Policy Directive SESLHDPD/196 - Records Management](#)
- [SESLHD Policy Directive SESLHDPD/203 - Records management retention periods](#)
- [NSW Health Electronic Information Security Policy PD2020\\_046](#)

### 7.2 Procedures

Procedures are documents that outline how a policy or process is to be implemented and the responsibilities of staff members. It describes the customary, standard or expected way of handling a situation. It applies to staff employed at all SESLHD sites and requires compliance.

SESLHD relevant procedures are:

- [SESLHD Procedure – Records – destruction of](#)
- [SESLHD Procedure – Records – disaster management](#)
- [SESLHD Procedure – Records – management of email](#)
- [SESLHD Procedure – Records – managing paper original or imaged records](#)
- [SESLHD Procedure – Records – storage and protection](#)

### 7.3 Guidelines and Business Rules

Guidelines outline the most desirable course of action and guide decision making. A business rule is a document that describes the process, reporting line or use of resources. In SESLHD Content Manager is the approved and compliant corporate electronic document and records management system (eDRMS).

Content Manager Business rules specify the benchmark to be followed by staff in performing certain records management activities such as file and email naming conventions and metadata quality when creating records in the SESLHD eDRMS.

## Section 8 – Training

Education, training and skills development is essential to raise awareness of good recordkeeping across SESLHD. Tier 2 Directors are to ensure that staff are skilled and have professional development opportunities that deliver familiarity with current best practice in Records Management.

Education and training opportunities in records management are available [in-house](#), [on-line](#) and [externally](#).

- [HETI Corporate Records management online training – My Health Learning – Course Code 227079002](#)
- [State Records training courses](#)
- [Content Manager eDRMS online training](#)
- [Content Manager face to face training](#)

## Section 9 – Responsibilities

**All employees** are:

- required to manage the records and corporate information that they are responsible for
- subject to legislation relating to records management
- accountable for the management of documents and records (including electronic records) generated in the course of their duties or under their direct control
- required to appropriately store and properly secure documents to prevent unauthorised access, disclosure, modification, loss or damage.

The **Chief Executive** has overall responsibility for ensuring that SESLHD complies with the legislative requirements.

The **Senior Responsible Officer, Director Corporate and Legal Services**, is responsible for ensuring that SESLHD has an adequate and appropriate record and corporate information framework, which is adhered to.

**Tier 2 Directors** and **CE Direct reports** have responsibility for the implementation of the SESLHD Corporate Records Management Framework in accordance with legislative requirements. This includes the provision of:

- an eDRMS for the capture, management and keeping of records
- support for good practice records management
- appropriate training in records and corporate information management
- monitoring and auditing SESLHD systems, processes and staff practices in records management
- ongoing management of a comprehensive collection of SESLHD records through their lifecycle
- protections to safeguard the ongoing evidential integrity and useability of SESLHD records
- continual improvement of records management practices across SESLHD.

## Section 10 – Monitoring and Reporting Compliance

SESLHD has a devolved model of records management, where each hospital, service or unit is responsible for making effective arrangements for managing the records relating to its functions, including the allocation of the necessary resources. Therefore, monitoring of records and information governance programs is a shared responsibility. Tier 2 Directors and CE Direct reports should regularly monitor the management of records within their remit and assess the management of records against the obligations in the NSW State Records Act 1998.

The NSW State Archives and Records Authority (SARA) [Records Management Assessment Tool](#) should be used to monitor compliance. Formal reporting to the NSW State Archives and Records Authority commenced in April 2022 and from March 2023 formal assessment reports are required to be submitted to NSW State Archives Authority on an annual basis. As with the accreditation process, evidentiary documentation on the status and maturity of records management programs, within each hospital, service or unit, will be required to support the annual records management assessment reporting.

## Section 11 – Further Information

### Further Information

Further information on recordkeeping matters may be obtained from:

District Executive Services – Corporate Records

Email: [seslhd-mail@health.nsw.gov.au](mailto:seslhd-mail@health.nsw.gov.au)

### Revision and Approval History

Date	Revision no:	Author and approval
September 2015	Draft	Jocelyn Bullard, Records Management Coordinator
November 2015	Draft	Freda Pierce, Manager Executive Services
April 2016	Draft	Jocelyn Bullard – amended following feedback from SESLHD Corporate Records Management Committee
July 2016	1	Endorsed by SESLHD DET
June 2019	2	Jocelyn Bullard – minor changes and updates to hyperlinks. Approved by Executive Sponsor.
June 2019	2	Processed by Executive Services prior to publishing.
March 2020	2	Executive Sponsor changed to Director Corporate and Legal Services – approved by Chief Executive.
May 2022	3	Jocelyn Bullard – minor changes and updates to hyperlinks – addition of section 10 monitoring and reporting compliance
July 2022	3	Approved by Executive Sponsor. Processed by SESLHD Policy prior to publishing.

## APPENDIX 1

### Checklist – Standard on Digital Recordkeeping

<b>Business System</b>	
<b>Build / Version</b>	
<b>Date of Implementation</b>	
<b>Custodian / Administrator</b>	
<b>Description of function</b>	

<b>Determine whether the system needs to be a recordkeeping system</b>		
1	Is the information kept in this system unique evidence of official business? (Not published or duplicate information)	
2	Does the system relate to a business activity for which there is an identifiable disposal class in a General Retention & Disposal Authority?	
3	Are there any legislative or business requirements to make and keep records of the business the system supports? Are these records already being created and kept in another system?	
4	Did this system replace a previous system or systems? If yes, were records kept of the business supported by the previous system?	
<b>Assess the system's existing recordkeeping functionality</b>		
5	Can the system capture read only versions of the digital records you have defined?	Yes
6	Can the system retrieve and present the defined digital records in human readable form?	Yes
7	Can the system restrict or permit access to the defined records by specified individuals or groups?	Yes
<b>Minimum required recordkeeping metadata</b>		
	Point of capture metadata	Corresponding element, captured when a record is created or registered in the system
8	Unique identifier	



9	Title	
10	Date of Creation	
11	Who / What created the record	
12	The business function / process	
13	The creating application	
14	Record Type e.g. report	
<b>Process Metadata</b>		<b>Corresponding element, captured when a record is created or registered in the system</b>
15	Document the date that the action occurred – maybe same as Date Created or date changes to the record occurred	
16	Document who or what undertook the recordkeeping action	
17	Document what action was undertaken e.g. change of risk ranking	
18	Document changed access rules	
19	Transfer of control – for example records being transferred to a different agency in the event of administrative change	
20	Destruction – The system must be capable of capturing and retaining metadata which records the date of the destruction, an identification of who / what undertook the destruction and an authorisation reference for the transfer	
<b>Persistence of metadata</b>		
21	Disposal of metadata – The system must not permit the removal or deletion of the metadata	
22	The system must be able to export the defined digital records and their associated metadata to another system or to an external medium	