

# Policy:

## Personal Files Management

Executive or Associate Director lead	Director of Human Resources and Associate Director of the Board
Policy author/ lead	(HR Adviser)
Feedback on implementation to	(HR Adviser)

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Target audience	All SHSC employees
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Keywords	Information, personal, files
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### **Policy version and advice on document history, availability and storage**

This is version 3.0 of this policy and replaces version 2 (April 2011). This version was reviewed and updated as part of an on-going policy document review process.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

Any printed copies of the previous version (V2) should be destroyed and if a hard copy is required, it should be replaced with this version.

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## 1. Introduction

This policy sets out the expectations of the Trust for the appropriate management of personal files to ensure that legal requirements are met.

## 2. Scope

This policy applies to all staff who have responsibility for the creation and management of personal files.

Its purpose is to set out and promote a culture of good practice around the retention of information on personal files. This is to ensure that information is kept safe, secure and up to date.

## 3. Definitions

HRDP – Human Resources Directorate Partner  
HRA – Human Resources Adviser

## 4. Purpose

The purpose of this policy is to set out the general guidance to be followed in the creation and management of personal files. It is to ensure that there is a valid purpose for the retention of the information and should not be kept for longer than is necessary. Personal records are necessary for the formulation and implementation of employment policies and procedures. Care must be taken over access to personal records (Data Protection Act 1998).

## 5. Duties

The **Human Resources Director** will have responsibility for this policy and the Human Resource Team will provide advice and guidance on the operation of the policy.

The **Recruitment Team** of the Human Resources Department is responsible for file creation.

The **manager** is responsible for safe storage and maintenance of the file.

## 6. Process - The Management of Personal Files during Employment

### 6.1 File Creation

In accordance with the Trust's recruitment policy, the HR Recruitment Team completes and collates the appropriate recruitment documentation which culminates in the creation of a personal file which will be divided into the **5 sections**:-

#### Section 1 – Personal Details

- Personal details – Name, address, emergency contact numbers, national insurance number
- Personal number
- Personal detail change form – removal after 1 year if entered on a record card or cease to be relevant

- Driving licence details for nominated drivers – staff need to sign a form stating that they will inform the manager of any involvement with traffic laws
- Hep B immunisations and updates – if appropriate
- UKCC registration and updates – if appropriate
- Copies of original qualification certificates – relevant to the application
- Contract of employment
- Original application details
- Appointment details
- Job description – Review on a regular basis.
- Post details change forms - (where this generates a new contract or a variation letter to original contract these will be sent to Directorate under cover of a batch header requesting confirmation of receipt).
- Bank contract – where appropriate
- Induction record – Trust/Local
- Accident forms

## **Section 2 – Training**

- Mandatory Training – To include evaluation
- Other training – To include evaluation

Evaluation may be retained in Personal Development File once seen by the manager

**Policy/Procedures** – Record of those read, understood and signed (where applicable) may also form part of Local induction record.

## **Section 3 – Line Management**

- Annual PDR
- Agreed Supervision Records – To include *Ad Hoc* supervision.
- Agreed Objectives
- Disciplinary – Retain in line with Disciplinary Procedure.

On expiry of Disciplinary warnings, the letter should be removed from the personal file and destroyed

HR will hold it in their case filing system and managers can check with HR when they are carrying out an investigation to see if the individual has had previous warnings for similar issues

## **Section 4 – Attendance**

Sickness

- SSP
- Return to work interviews
- Occupational health correspondence

Leave

- Annual leave record
- Carer leave record
- Parental leave - identify Maternity/Paternity and Adoption Leave separately
- Study leave – may be included in Section 2 – Training

- Other leave records - as appropriate

Full details may be removed from file after 2 years, but a condensed version must be retained.

## **Section 5 – General Correspondence**

This is a matter for individual line management's judgement

- May include references for other posts
- Record of discussions/informal agreements reached about temporary adjustments in hours, problems/issues raised
- Applications for re-grading and outcome

*This file is retained in Human Resources until: -*

- A signed copy of the 'contract' of employment is returned by the employee, or
- One month has passed since the 'contract' was issued and a signed copy has not been returned.

At this stage the file will be passed to the appropriate name contact in accordance with Directorate/Department instructions, asking the manager to obtain the signed copy of the contract from the employee as appropriate, depending on the above.

In accordance with good practice advice from the Internal Audit Department a Batch Header is sent with the files, detailing the names of the personal files being sent, requesting that this 'Header' be completed and returned by the manager to HR as confirmation of receipt.

## **6.2 Maintenance of Personal Files**

The types of information that should be held on personal files is set out in **section 6.1**. Advice should be sought from a HRDP or HRA about the appropriateness of including any information not on the list.

It is important both for reasons of security and completeness, that all personal information on staff is filed away in date order (most recent at front) in a timely manner. This minimises the chance of breaches of confidentiality and ensures that the file represents an up to date record of an individual's employment.

It is suggested that information within a file could be organised into the 5 sections identified in **section 6.1**, and separated by file dividers. This would make it easier to access attendance information for example, when carrying out the regular reviews of staff absence records.

An employment history card can be used in the front of the file to record key personal information, changes in personal circumstances, details of job changes, etc, to provide a readily available source of information to make it easier to deal with queries, and respond to such things as reference requests.

Any files removed from the filing system should be returned as soon as possible. A tracer card system should be used when any file is removed from the system to ensure it can be easily located.

### **6.3 File Security and Access**

- **For security reasons personal files should be kept in lockable cabinets or drawers.**
- **Files should be locked away when not in use.**
- **Files must be replaced immediately if taken out for any reason.**
- **Designated key-holders are responsible for ensuring that this process is followed.**

It is recognised that Directorates may choose to hold files at different 'levels' in their organisation, to respond to differing management arrangements, geographical spread, etc. It is important then that access to files should be properly controlled. Designated key holders should be clearly identified for each filing system, and ensure that any access is for *bona fide* reasons.

Staff have legal rights of access to their own personal files held by their employers. The Trust takes the view that a file should be made available if an individual makes a request. In such cases managers are advised to ensure the confidentiality of any references provided by a previous employer, which may be on the file (but see Section 6.1) is maintained. Such access to a personal file should be supervised by the manager responsible for the files.

Members of the HR Department may require access to personal files from time to time and will provide written confirmation of the request if asked to do so.

### **6.4 Transfer of Personal Files**

When a member of staff moves location, Department or Directorate within the Trust, it is the responsibility of their existing manager to deliver the personal file to the new manager, immediately after the last working day of the member of staff concerned.

Signed confirmation of the safe receipt of the file should be obtained from the new manager and held for audit purposes. Where delivery by hand proves impossible, transport will arrange a special delivery of files to other work sites, confirmation of receipt should still be requested from the new ('receiving') manager.

If using the post, care should be taken when parcelling the file(s) to ensure that the parcel will remain secure during its journey.

Information relating to the new appointment/transfer of the member(s) of staff concerned will be sent by HR to the new ('receiving') manager, as soon as the necessary processes are completed within the HR Department.

### **6.5 Personal File Management on Termination of an Employee**

The personal files of staff who have left the Trust should be delivered to the HR Department on the last day of employment, or as soon as possible thereafter.

Personal files must be retained for a period of 6 years after termination of employment or until the former employees reach 70 years of age, whichever is the later. HR will be responsible for the maintenance and security of a central store for the personal files of staff who have left the Trust.

**7. Dissemination, storage and archiving (Control)**

This Policy will be available through the Policy Section of the intranet and is available to all staff.

**8. Training and other resource implications**

There is no additional training requirement

## 9. Audit, monitoring and review

This Policy is due to be reviewed at least every 3 years. However, monitoring will be on an ongoing basis pending any amendments which may occur due to revised legislation or release of good practice guidance information from relevant organisations, e.g. ACAS. Overall, HR policies are subject to joint monitoring and review between management and staff side in the Joint Consultative Forum.

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) To be reviewed in line with relevant legislation	Review policy, review employment legislation changes	Human Resources Department	At least every 3 years	HR Review	TBC	TBC

## 10. Implementation plan

This Policy has previously been implemented as part of the Managing Attendance and Capability Procedure and this revision is now a stand alone policy.

<b>Action / Task</b>	<b>Responsible Person</b>	<b>Deadline</b>	<b>Progress update</b>
New policy to be uploaded onto the Intranet and Trust website.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be sent to Education, Training and Development to review training provision.	Director of Corporate Governance	Within 5 working days of ratification	

**11. Links to other policies, standards and legislation (associated documents)**

Data protection Act 1998

**12. Contact details**

Human Resources employees are available for support and advice

**13. References**

Acas – Personnel data and record keeping

xpertHR – How to manage the retention of employee data

## Appendix A – Version Control and Amendment Log

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
3.0 Draft	Current policy updated into new format	September 2016	New policy reviewed by HR in line with reviewing arrangements
3.0	Finalised and issued	October 2016	Ratified on 29 September 2016. Subsequently finalised and issued.

## Appendix B – Dissemination Record

<b>Version</b>	<b>Date on website (intranet and internet)</b>	<b>Date of “all SHSC staff” email</b>	<b>Any other promotion/ dissemination (include dates)</b>
3.0	October 2016	Communications Gazette October 2016	N/A no changes to policy

# Appendix C – Stage One Equality Impact Assessment Form

## Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** – Complete draft policy

**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

See below

**Stage 3 – Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link [https://www.xct.nhs.uk/widget.php?wdg=wdg\\_general\\_info&page=464](https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464)

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
<b>AGE</b>	No	No	No
<b>DISABILITY</b>	No	No	No
<b>GENDER REASSIGNMENT</b>	No	No	No
<b>PREGNANCY AND MATERNITY</b>	No	No	No
<b>RACE</b>	No	No	No
<b>RELIGION OR BELIEF</b>	No	No	No
<b>SEX</b>	No	No	No
<b>SEXUAL ORIENTATION</b>	No	No	No

**Stage 4 – Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Lynne Crapper, HR Adviser (27.09.2016)

## Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

### 1. Is your policy based on and in line with the current law (including case law) or policy?

**Yes. No further action needed.**

**No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

### 2. On completion of flow diagram – is further action needed?

**No, no further action needed.**

**Yes, go to question 3**

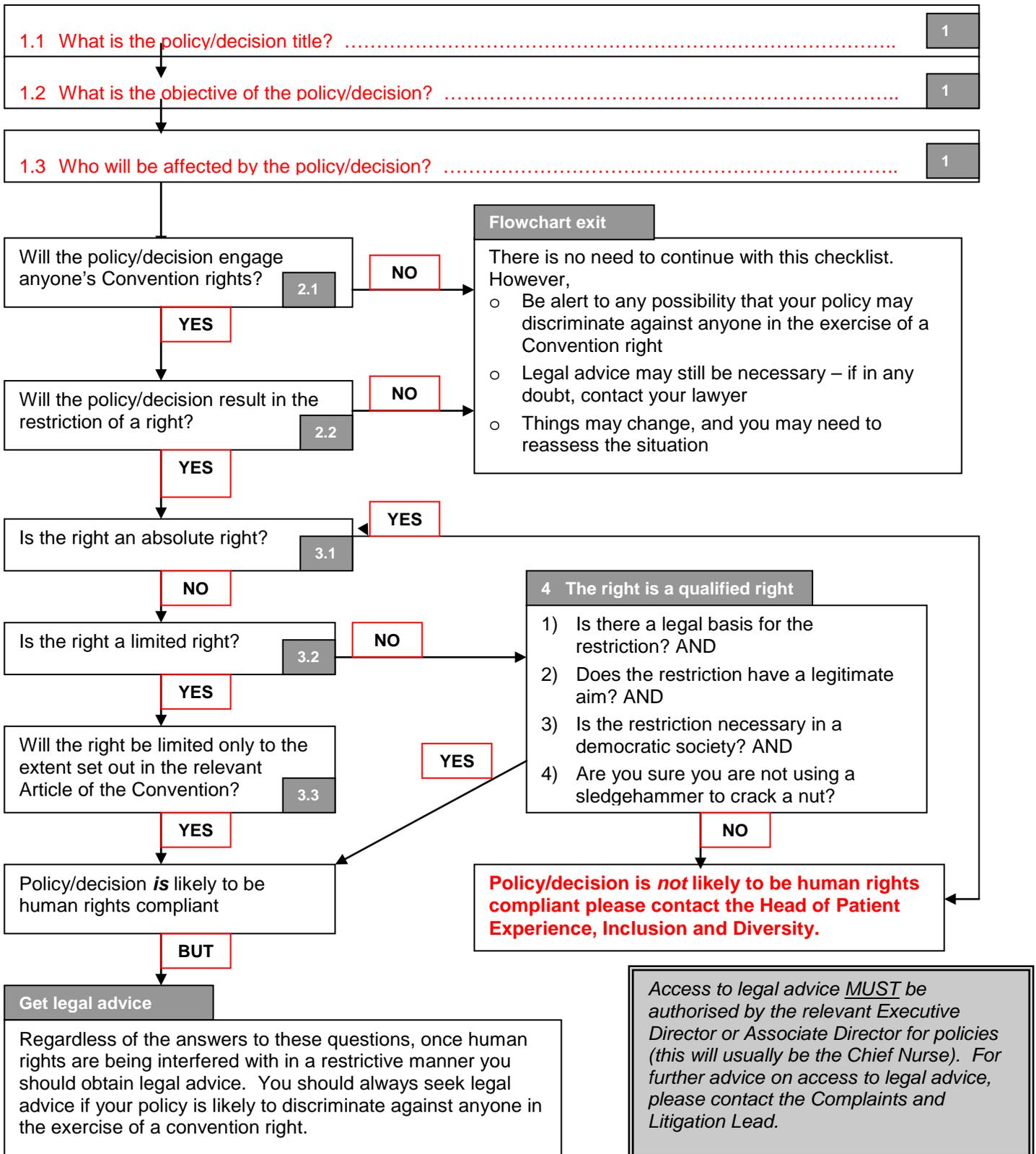
### 3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

## Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



## **Appendix E – Development, Consultation and Verification**

This policy is based on good practice and complies with ACAS and other guidelines. This policy was amended in 2008 and amends the previous version of the Management of Personal Files that was previously ratified in June 2003.

September 2016 - It has been transferred to the appropriate format for policies and is due for review by August 2018.

The HR review that took place September 2016 did not recommend any material changes to the document. The draft was circulated to Joint Consultative Committee on 21 September 2016 for consultation and verification.

## Appendix F –Policies Checklist

*Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.*

### 1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage



### 2. Contents page



### 3. Flowchart

N/A

### 4. Introduction



### 5. Scope



### 6. Definitions



### 7. Purpose



### 8. Duties



### 9. Process



### 10. Dissemination, storage and archiving (control)



### 11. Training and other resource implications



### 12. Audit, monitoring and review



This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

**13. Implementation plan**



**14. Links to other policies (associated documents)**



**15. Contact details**



**16. References**



**17. Version control and amendment log (Appendix A)**



**18. Dissemination Record (Appendix B)**



**19. Equality Impact Assessment Form (Appendix C)**



**20. Human Rights Act Assessment Checklist (Appendix D)**



**21. Policy development and consultation process (Appendix E)**



**22. Policy Checklist (Appendix F)**

