

UNIVERSITY OF SUSSEX

GOVERNANCE OFFICE

RECORDS MANAGEMENT ‘SPOT CHECK’ REPORT

This report is issued under section 3.3 of the University’s Records Management Policy and in accordance with paragraph 4 of the Procedural Note on the Oversight of the University’s Records Management Policy by the Governance Office.

School or Division Health and Safety Division	Dates of meeting and visit Meeting and visit (combined with the agreement of the Responsible Individual): 27 Sep 2010	Date of report 5 Oct 2010
Responsible Individual Stuart Harley, Director of Health and Safety		Governance Office Lead James Knapton, Governance Officer

Governance Office Report and Recommendations

(Recommendations are shown in italic font.)

A. Location and security

The Division maintains its paper master records in three main locations: the Director’s office, the Divisional office, and an Archive Room shared with colleagues from EFM. All rooms are locked when unoccupied; files containing sensitive personal data (principally health-related records) are additionally locked within filing cabinets. Some master records are held electronically on a shared drive accessed by all Divisional members. Where records are duplicated across paper and electronic formats (e.g. in escalated incident investigations) a good cross-referencing system of labelling is in place.

It is noted that a number of master records listed within the ‘Health and Safety’ section of the Master Records Retention Schedule are maintained elsewhere within the University – either locally within Schools and other Divisions (e.g. minutes of School Health, Safety and Environment Committees, local risk assessments, fire equipment testing logs) or centrally by other units (e.g. access to health screening records is rightly restricted to members of the Occupational Health team). However the Director is fully aware of where such records are held and who to contact in the event that a certain item may be required.

B. Responsibility

The Director maintains overall responsibility for records management matters within the Division though certain master records are created and maintained by individual members of the team. In the compliance environment the Director is ultimately responsible for the quality of record-keeping and reporting on health and safety matters and it is therefore considered appropriate that he should maintain this responsibility himself.

C. Disposal cycles

The Division engaged with the Records Management Week held in August 2010 by setting aside two half-days to assess current records management practice. This helped staff members to focus both on compliance with the Policy and Schedule and, in addition, to think

more generally about the types of records it was creating and whether these were sufficient for its purposes. As part of the activities carried out in that week some older records no longer required under the terms of the Schedule were confidentially destroyed.

D. Assessment against the Master Records Retention Schedule

The following entries from the Schedule were assessed.

13.1.1 Health and safety inspections and audits and records of actions taken to address issues raised. The Health and Safety Division requires an annual return from all Schools and other units on compliance issues. Details of these returns are maintained for around 10 years which is in line with the Schedule. In addition the Health and Safety Division carries out some formal audits or inspections of various areas of the University. This is a relatively new initiative and therefore no audits carried out to date have reached the 10-year threshold for destruction. *We would recommend that the audit/inspection report template is either amended to include a future destruction date or that copies of reports are clearly labelled at the time of their production with this date.*

13.1.5 General health and safety information, induction and training materials for staff, students and visitors. Records concerning staff inductions are held locally. However general health and safety manuals and information / training materials (e.g. on first aid, fire safety, radiation) are held centrally by the Division on its shared drive and a clear distinction is made between current and past materials. This is not strictly in line with the terms of the Schedule (wherein the hard copy is by default regarded as the master record) but it works effectively and is well managed and therefore no recommendations are issued.

13.2.6 Official notifications of proposed work with asbestos. Older notifications are held within project files archived by the EFM Division within the shared Archive Room. The maintenance and storage of these notifications was taken over by the Health and Safety Division in September 2009. We have therefore not been able to assess whether older records are being kept for an appropriate period but following a brief inspection of the Archive Room it would appear that some notifications are being kept for longer than stated in the Schedule as part of the relevant project records. Due to the nature of the records this is deemed to be suitable.

13.3.1 Investigations into injuries, dangerous occurrences, accidents, incidents involving hazardous substances, environmental incidents and outbreaks of notifiable diseases on University premises. Paper records held in the Archive Room date back to 1976 and therefore are not yet due for destruction under the terms of the Schedule. *We would recommend that such files are labelled with a date for future destruction or that a copy of the relevant extract from the Schedule is displayed alongside the files.* An electronic database of accidents and incidents was introduced fairly recently and is maintained by the Division though a parallel paper file is opened for any reportable incident. Official notifications of reportable incidents (entry 13.3.2) are held within this paper file and, although this is not in accord with the terms of the Schedule (which requires the destruction of the official notification somewhat earlier than the investigation records), this appears to be quite appropriate given the context.

13.4.3 Fire safety risk assessment and drill procedures. Risk assessments are an absolute requirement in law and are updated every two years. As these are updated the older files are transferred to a separate box and marked with a destruction date. This legal requirement is relatively recent and therefore no older files are yet due for destruction. Fire drills are arranged by Chubb, an external contractor, and therefore these records are not maintained by the University.

E. Conclusion

The Governance Office considers that, overall, good systems are in place within the Division to enable the management of its records in line with the Policy and Schedule. This is especially welcome in such an important compliance area. We have noted the introduction of a number of recent improvements in terms of systematic electronic record keeping and the disposal of old files as part of the Division's engagement with Records Management Week.

Response by the Responsible Individual

I am very happy with the findings and have already taken steps to introduce the observations made.