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SA Health

Policy

Corporate Records Management

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Government
of South Australia

SA Health

1. Name of policy

Corporate Records Management

2. Policy statement

This policy provides the mandatory requirements for all corporate records (digital and hardcopy) received, created, captured, used, managed, archived, and destroyed by SA Health, in accordance with the *State Records Act 1997* and relevant disposal schedules.

3. Applicability

This policy applies to all employees of SA Health; this is all employees of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS).

4. Policy principles

SA Health's approach to records management is underpinned by the following principles:

- > We support effective business practices which improve organisational accountability and efficiencies.
- > We ensure records are created and maintained in accordance with the relevant legislative and regulatory requirements.
- > We collect and store relevant, timely and high-quality information.
- > We use methods to ensure stored information is migrated, preserved, and remains accessible and usable.
- > We support transparency and accountability.
- > We act with professional integrity to uphold trust and confidence in SA Health.

5. Policy requirements

- > DHW, LHNs and SAAS must:
 - o Implement and maintain systems for the receipt, creation, capture, use, archiving, storage and destruction of records, to ensure compliance with this policy and the [State Records Act 1997](#).
 - o Ensure employees are fully informed of their obligations and responsibilities for managing information assets.
 - o Ensure employees undertake the necessary records management training prior to creation or handling records.

Receipt and Creation

- > An official record must be created when there is a need for an agency or individual to be accountable, or to provide evidence of decisions made or actions taken.
- > An official record must provide a reliable and accurate account of transactions and business decisions.
- > The intellectual property arising from information created by SA Health must be protected and managed in accordance with the [SA Government Intellectual Property Policy](#).

Capture and Registration

- > Official records, regardless of format, must be captured and registered in the Objective Electronic Content Management System (Objective), or a SA Health approved records management system.

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- > SA Health files and folder structures must be classified and named using the [Business Classification Scheme](#).
- > [Standard Naming Conventions](#) must be used for document names, and for the free text portion of file names in Objective or SA Health approved records management system.
- > The record owner must ensure the originals of material published on the intranet are captured in Objective or a SA Health approved records management system.
- > Personal or informal record keeping systems must not be used for capturing official records.

Access, Security, and Traceability

- > Official records must be stored in an unencrypted and accessible format in the Objective ECM System (or SA Health approved records management system) on appropriate media or in managed storage locations that ensure their preservation, security, accessibility, and integrity.
- > Official records must not be stored on collaboration software platforms such as SharePoint and Office 365.
- > Pursuant to the [Information Management Strategy](#) and [Information Management Standard](#), an audit trail must be maintained to track and verify all user activities and revision history performed on official records.
- > Periodic census audits must be performed by business units to verify the location and ensure the integrity of the official records.
- > Access controls and security protocols must be in accordance with the [Information Security Policy](#) and the [Freedom of Information Policy](#).
- > Access to official records in all formats must be ensured for the life of the record until it is officially destroyed or archived.
- > Archived records must be easily retrievable.
- > Storage facilities, both on-site or with an SA Health approved off-site storage provider, must comply with the [State Records Act 1997](#).

Records Disposal

- > Disposal of official records must only occur in accordance with the [State Records Act 1997](#) and relevant disposal schedules.
 - o [General Disposal Schedule](#) (GDS) for general administrative records, or
 - o [Records Disposal Schedule](#) (RDS) for agency specific.
- > Permanent records must be transferred to the custody of State Records regularly to ensure appropriate ongoing storage and management.
- > Temporary records must only be held in the agency or by a SA Health approved secondary storage provider.
- > Records not covered by either the GDS or a RDS must not be disposed of unless they meet the provisions of Normal Administrative Practice (NAP), which allows for the routine destruction of unofficial records.
- > Records subject to a Freedom of Information (FOI) request, legal action or State Records disposal freeze must not be destroyed, even if the minimum retention period has been reached.

Digital Records Management

- > Business units must manage information digitally unless there are specific reasons for keeping physical records, in accordance with the [ICT, Cyber Security and Digital Government Strategy](#).

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- > Physical records must be digitised via a SA Health digitisation device that meets SA Health minimum digitisation specification requirements.
- > Upon digitisation, the hardcopy source records must be managed and disposed of in accordance with the [State Records of SA General Disposal Schedule 21](#) (GDS 21).
 - If the hardcopy source records do not meet the conditions of GDS 21, the records must be retained and managed as official records until such time as the hardcopy source records comply with the conditions of GDS 21, or
 - until the hardcopy source records are sentenced and disposed of in align to the [State Records Act 1997](#).
- > Digitised electronic versions of source physical documents must be captured, managed, archived within Objective as electronic records in accordance with this policy, and only disposed of after the minimum length of time stipulated by the relevant RDS approved by the State Records Council of South Australia.

Induction and Training

- > All new employees must complete the SA Health online records management training as part of their induction.
- > [Objective ECM System eLearning](#) modules must be completed by all Objective users relevant to their role and responsibilities, and a record of training retained and provided to their line manager.
- > Business units who engage contractors and consultants must ensure the requirements of this policy are addressed in the contract or agreement and provide the contractors and consultants records management training appropriate to their role.

SA Government Administrative Changes

- > Business units affected by the transfer of functions and/or services must work with the Records Governance and Information Unit, Corporate Affairs to ensure records continue to be managed and available during the transition between SA government agencies to minimise disruption.
- > The business units affected by SA Government administrative changes must implement the requirements of [Managing Information Assets During Administrative Change Guideline](#) and/or [Management of information assets in a Ministers Office during Caretake and Election Period](#).

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Code of Ethics for the South Australian Public Sector](#)
- > [Department of the Premier and Cabinet Circular 12 - Information Privacy Principles \(IPPS\) Instructions \(PC012\)](#)
- > [Department of the Premier and Cabinet- ICT, Cyber Security and Digital Government Strategy](#)
- > [Electronic Communication Act 2000](#)
- > [Evidence Act 1929](#)
- > [Freedom of Information Act 1991](#)
- > [Health Record Management Policy](#)
- > [Independent Commissioner Against Corruption Act 2012](#)
- > [Information Management Standard](#)
- > [Information Management Strategy](#)
- > [Privacy Policy](#)
- > [Public Sector Act 2009](#)
- > [Records Disposal Schedules approved by State Records Council](#)

- > [SA Government Intellectual Property Policy](#)
- > [South Australian Cyber Security Framework \(SACSF\)](#)
- > [South Australian Protective Security Framework \(SAPSF\)](#)
- > [State Records Act 1997](#)
- > [State Records SA General Disposal Schedules](#)

7. Supporting documents

- > [Australian Standard AS 4390 - 1996 Records Management](#)
- > [Australian Standard on Records Management AS ISO 15489-2002](#)
- > [SA Health Online Training – Objective Factsheet](#)

8. Definitions

- > **Disposal schedule** means the tool through which the disposal determination is implemented by identifying information assets as either temporary or permanent value. For temporary value information assets, the disposal schedule further identifies how long the assets must be kept at a minimum before the agency can destroy them.
- > **Information asset** means an official record which includes information, data and records, in any format (whether digital or hardcopy), where it is created or received through the conduct of government business.
- > **Normal administrative practice (NAP)** means transitory (not permanent) or ephemeral information, only needed for a short period of time (a few hours or days).
- > **Official record** means a document or record made or received by an agency in the conduct of its business, including drafts of final versions or materials with a continuing reference value. Records and documents that are not considered to be official include documents or records received that were intended for another recipient agency or individual, or a Commonwealth document or record that has been transferred to the Commonwealth.
- > **Record** means:
 - (a) written, graphic or pictorial matter, or a disk, tape, film or other object that contains information or from which information may be reproduced (with or without the aid of another object or device).
 - (b) information in any format, both analogue and digital (including paper, micro-form, audio-visual, graphic and electronic media).
 - (c) documents are created when planning what needs to be done.
 - (d) records are created when something is done.
- > **SA Health approved records management system** means a business system that supports a specific business process (eg Safety Learning System and Procurement and Contract Management System). Where Objective is not available, records and documents may be stored in a structured, secure network share.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Integrated Compliance Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Legal and Corporate Governance Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Legal and Corporate Governance Domain

Title: Corporate Records Management Policy

Objective reference number: A672872

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Contact for enquiries: HealthRecordsManagement@sa.gov.au

11. Document history

Version	Date approved	Approved by	Amendment notes
2.0	21/12/2023	Deputy Chief Executive, Strategy & Governance	Updated and re-templated in accordance with the Policy Framework. Changes not material
1.1	06/2020	Acting Deputy Chief Executive, Corporate & System Support Services	Reviewed with minor changes
1.0	07/2018	SA Health Policy Committee	Original SA Health Policy Committee approved version

12. Appendices

Nil