

# **East Coast Community Healthcare Records Management Policy and Associated Procedures**

## Document Control Sheet

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### Approvals

This document requires the following approvals either individual(s), group(s) or board.

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## 1. Introduction

- 1.1** Records Management is the process by which an organisation manages all the aspects of records whether internally or externally generated and in any format or media type, from their creation, all the way through their life cycle to their eventual disposal.
- 1.2** The Information Governance Alliance Records Management of Code Practice has been published NHS Digital as a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice.
- 1.3** East Coast Community Healthcare (ECCH) records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of ECCH and the rights of patients, staff and members of the public. They support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.
- 1.4** ECCH has adopted this records management policy and is committed to ongoing improvement of its records management functions as it believes that it will gain a number of organisational benefits from so doing. These include:
- better use of physical and server space;
  - better use of staff time;
  - improved control of valuable information resources;
  - compliance with legislation and standards; and
  - reduced costs.
- 1.5** ECCH also believes that its internal management processes will be improved by the greater availability of information that will accrue by the recognition of records management as a designated corporate function.
- 1.6** This document sets out a framework within which the staff responsible for managing ECCH records can develop specific policies and procedures to ensure that records are managed and controlled effectively, and at best value, commensurate with legal, operational and information needs.
- 1.7** This policy document should be read in conjunction with the ECCH Records Management Strategy which sets out how the policy requirements will be delivered.

**1.8** This policy relates to all clinical and non-clinical operational records held in any format by ECCH. These include:

- all administrative records (eg personnel, estates, financial and accounting records, notes associated with complaints);
- all patient health records (for all specialties and including private patients, including x-ray and imaging reports, registers, etc.)

**1.9** *Records Management* is a discipline which utilises an administrative system to direct and control the creation, version control, distribution, filing, retention, storage and disposal of records, in a way that is administratively and legally sound, whilst at the same time serving the operational needs of ECCH and preserving an appropriate historical record.

The key components of records management are:

- record creation;
- record keeping;
- record maintenance (including tracking of record movements);
- access and disclosure;
- closure and transfer;
- appraisal;
- archiving; and
- disposal.

**1.10** The term *Records Life Cycle* describes the life of a record from its creation/receipt through the period of its 'active' use, then into a period of 'inactive' retention (such as closed files which may still be referred to occasionally) and finally either confidential disposal or archival preservation.

**1.11** In this policy, *Records* are defined as 'recorded information, in any form, created or received and maintained by ECCH in the transaction of its business or conduct of affairs and kept as evidence of such activity'. A *health record* consists of:

*'Any information relating to the physical or mental health or condition of the individual and has been made by or on behalf of a health professional in connection with the care of that individual.'*

(Data Protection Act 1998)

**1.12** *Information* is a corporate asset. ECCH's records are important sources of administrative, evidential and historical information. They are vital to NHS Gt Yarmouth & Waveney to support its current and future operations (including meeting the requirements of Freedom of

Information legislation), for the purpose of accountability, and for an awareness and understanding of its history and procedures.

*Recorded Information:* In this policy records are defined as recorded information in any form, created or received and maintained by ECCH in the transaction of its business or conduct of affairs and kept as evidence of such activity.

## 2. Aims of our Records Management System

The aims of the ECCH Records Management System are to ensure that:

- **records are available when needed - from which ECCH is able to form a reconstruction of activities or events that have taken place;**
- **records can be accessed - records and the information within them can be located and displayed in a way consistent with its initial use, and that the current version is identified where multiple versions exist;**
- **records can be interpreted - the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records;**
- **records can be trusted – the record reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated;**
- **records can be maintained through time – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format;**
- **records are secure - from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled and audit trails will track all use and changes. To ensure that records are held in a robust format which remains readable for as long as records are required;**
- **records are retained and disposed of appropriately - using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent reservation of records with archival value; and**
- **staff are trained - so that everyone is made aware of their responsibilities for record-keeping and record management.**

## 3. Roles and Responsibilities

### 3.1 Chief Executive

The Chief Executive has overall responsibility for records management in ECCH. 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.

ECCH has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements. Information Governance principles require the appointment of a Senior Information Risk Owner (SIRO), Data Protection Officer (DPO) and Caldicott Guardian.

### **3.2 Caldicott Guardian**

ECCH's Caldicott Guardian has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

### **3.3 Information Governance Group**

ECCH's Information Governance Group is responsible for ensuring that this policy is ratified and that the records management system and processes are developed, co-ordinated and monitored.

### **3.4 Information Custodian**

Information Asset Owners are those individuals who control information systems regardless of physical or logical location, storage medium, technology used, or the purpose(s) they serve.

### **3.5 Local managers**

The responsibility for local management is devolved to the relevant directors, directorate managers and department managers. Heads of Departments, other units and business functions within ECCH have overall responsibility for the implementation of this Policy and the management of records generated by their activities, i.e. for ensuring that records controlled within their unit are managed in a way which meets the aims of ECCH records management policy in accordance with the requirements specified by the relevant Information Asset Owner.

### 3.6 All Staff

3.7 All ECCH staff, whether clinical or administrative, who create, receive and use records have records management responsibilities including adherence to this Policy. In particular all staff must ensure that they keep appropriate records of their work in ECCH and manage those records in keeping with this policy and with any guidance subsequently produced.

This task will include:

- **implementing physical and or technical controls;**
- **administering access to information;**
- **ensuring the availability of information by implementing appropriate recovery options based on the business criticality of the information in their possession, as per the disaster recovery or business continuity plan produced by the Information Owner**

## 4. Key Procedural Elements of the Policy

The Records Management Procedures comprise the following key objectives:

### 4.1 Responsibility and Accountability

*To provide a clear system of accountability responsibility for record keeping and use*

4.1.1 It is the responsibility of ECCH employees to accept accountability for the creation, amendment, management, storage and access to all ECCH records. For the purposes of this policy the term “employee” is used as a convenience to refer to all those to whom this policy should apply. Whilst directed at ECCH staff it is also relevant to anyone working in and around the ECCH and its premises which includes but is not limited to contractors, agency & temporary staff, student, honorary and volunteer staff.

### 4.2 Record Quality

*To create and keep records that are adequate, consistent, and necessary for statutory, legal and business requirements*

4.2.1 All ECCH records must be accurate and complete, in order to facilitate audit, fulfil ECCH’s responsibilities, and protect its legal and other rights.

### 4.3 Management

*To achieve systemic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their lifecycle*



- 4.3.1 Record keeping systems must be easy to understand, clear, and efficient in terms of minimising staff time and optimising the use of space for storage.
- 4.3.2 In order to ensure that the information held in records is accurate and readily available where it is appropriate, record keeping systems and processes must incorporate version control numbering techniques. This will help employees to identify contemporaneous information and prevent inaccurate and out of date information being used in error. Some informatic systems may automatically provide a numbering system to help users identify the latest records however, wherever possible version control must be employed within all manual record keeping systems.

#### **4.4 Record Creation**

*To ensure a full, visible audit trail of the creation, amendment and destruction of ECCH documents is maintained*

- 4.4.1 Each directorate, service or department must have in place a process for documenting its activities in respect of records management. These processes must take into account the legislative and regulatory environment in which the directorate, service or department operates and follow the guidelines inculcated in this section.
- 4.4.2 Records of operational activities must be complete and accurate in order to allow employees and their successors to undertake appropriate actions in the context of their responsibilities, to facilitate an audit or examination of the organisation, its patients, staff and any other people affected by its actions, and provide authentication of the records so that the evidence derived from them is shown to be credible and authoritative.
- 4.4.3 All records must contain a unique identifier; where relevant, this will be the NHS number. Records created by ECCH must be arranged in a record keeping system that will enable the organisation to obtain the maximum benefit from the quick and easy retrieval of information. All entries must be dated and timed (using the 24 hour clock). It is essential for the patient/service user record to have both.
- 4.4.4 Records created must have meaningful file names that will enable them to be easily recognised and quickly located and in, accordance with 4.3.2 above, that show, where applicable, the version sequence such that the latest or current approved version can be clearly identified.

- 4.4.5 Conventions for naming electronic documents must be co-ordinated with those for naming electronic folders, so that a document title does not contain information already present in the folder in which it is filed. Naming conventions must strike a balance between keeping titles short and useful.
- 4.4.6 Document creators, dates of creation and modifications including version numbers, must make up the composition of the document title. In addition the aforementioned information must also be reflected throughout a documents by using footers. In summary:
- Names should be kept clear and as brief as possible
  - Easy to introduce, follow and extend
  - Logical, consistent and easy to remember
- 4.4.7 Standard terms and forms of name must be used wherever it is sensible to do so. This should apply to:
- Names of organisations, departments and people (job titles)
  - Names of projects, functions, activities
  - Document types, topics
- 4.4.8 Abbreviations (and Acronyms) –Acronyms and abbreviations should be avoided wherever possible. Where an Acronym or abbreviation is to be used the words should be written out in full on the first occasion with the acronym or abbreviation in brackets thereafter the acronym or abbreviation can be used. The only exception to this is within Musculoskeletal Physiotherapy where abbreviations for anatomical joints may be used where the clinical record is accompanied with the up to date chartered society of physiotherpists list to explain the abbreviation.
- 4.4.9 Alterations – Errors should not be hidden. Paper records should have errors scored out with a single line and the correct entry written alongside. Corrections should be signed and dated and name printed. Alterations in electronic records must have audit trails.
- 4.4.10 Additions – If an addition needs to be made to a record it should be prefaced with a comment indicating that this is an additional or late entry and be separately dated and signed. Inserting notes, especially after notification of a complaint or claim is not acceptable, neither is disguising additions to a record.
- 4.4.11 Personal comments – Only include commentary that is factual, relevant and appropriate to the record. Records are not the place to note personal opinion, supposed humorous comments, offensive or judgmental observations about a person’s character, appearance or habits. The General Data Protection Regulation (GDPR) 2016/679 gives everyone the right to have a copy of all information that is held about them.

- 4.4.12 Dictated notes – Typed notes must be checked and signed by the professional who dictates them. Responsibility for the accuracy of the record lies with the person who created the record not the typist.
- 4.4.13 Completeness – A record needs to contain sufficient information to be fit for purpose. Standard request forms e.g. test results or order forms should be complete. Insufficient information may lead to serious mistakes or misinterpretation of data.
- 4.4.14 Clarity and Legibility – Records need to be clear and legible. A hand written record should be written in permanent black ink. This will give records greater clarity and legibility when photocopied. If it is not possible for a person to write legibly the record should be typed. Thermal faxes may fade and should not be included as part of a permanent record – information should either be transcribed into the record, the original requested or an indelible copy made of the fax. All records should follow basic English grammar principles and include punctuation to maintain legibility.

#### **4.5 Quality Assurance**

*To ensure ECCH Employees, including those defined above, are properly trained in and have an understanding of the operation of records management procedures*

- 4.5.1 Responsibility- If you are responsible for the supervision of, for example, pre-registration students or healthcare assistants, you must remember that you are professionally accountable for the consequences of all health record entries made by such persons. You must clearly countersign any such entry and your signature should be clearly identified. You should print your name alongside the first signature. You must not use your initials only as your signature.
- 4.5.2 Staff must be trained in record creation, use and maintenance, including having an understanding of:
- What they are recording and how it should be recorded;
  - Why they are recording it;
  - How to validate information with patients, carers and staff or against other records – to ensure staff are recording the correct data;
  - How to identify and correct errors and how to report errors if they are found;

- The use of information – so staff understand what the records are used for (and therefore why timeliness, accuracy and completeness of recording is so important) and;
- How to update information and add in information from other sources

#### **4.6 Record Keeping**

*To document and communicate employee responsibilities for the proper management of ECCH records*

- 4.6.1 A variety of training and guideline material is available for details on managing records including:
- Handbook on Information Governance, available on ECCHO
- 4.6.2 Paper and electronic record keeping systems must include descriptive and technical procedural documentation to enable the system to be operated efficiently and the records held in the system to be understood. The documentation must provide an administrative context for effective management of records.
- 4.6.3 The record keeping system, whether paper or electronic, must include a documented set of rules for referencing, titling, indexing, and, if appropriate, the protective marking of records. These must be easily understood to enable efficient retrieval of information when it is needed and to maintain security and confidentiality.
- 4.6.4 Rules should include the use of reference numbers e.g. the NHS number or in the case of corporate records sequenced version numbers etc. and naming conventions e.g. 'Restricted' and 'Confidential' etc.

#### **4.7 Record Maintenance**

*To control the storage and retrieval of ECCH records and ensure they can be traced whenever required*

- 4.7.1 The movement and location of records must be controlled to ensure that a record can be easily retrieved at any time, that any outstanding issues can be dealt with, and that there is an auditable trail of records transaction. Controls should include either a manual or, where possible, an automated booking out and in system.
- 4.7.2 Storage accommodation for paper-based records must be clean, tidy and secure, must prevent damage to records and must provide a safe working environment for staff.
- 4.7.3 For records in digital format, maintenance in terms of back-up and planned migration to new platforms must be designed and scheduled to ensure continuing access to readable information.
- 4.7.4 When records are either no longer required or inactive but have not reached the end of their lifecycle in accordance with the Department of Health Records Management: NHS Code of Practice Part 2 retention schedules, every effort must be made to archive them. It is more economical and efficient to store paper – based records in a designated secondary storage area and electronic records, where possible, in compressed format therefore liberating file space for other uses.

- 4.7.5 Paper-based Corporate (non-clinical) records are archived by CAS Clarks (See appendix 4)
- 4.7.6 Community hospital in-patient and outpatient records are archived within the individual health record of the James Paget University Hospitals Foundation NHS Trust (JPUH) as are records for the Physiotherapy and Occupational Therapy services.

*NB: Community Staff must be aware that once community in-patient records are placed in the JPUH records they become part of the hospital records and as such may be disclosed to the patient or their representative under the GDPR without reference to the originator.*

For advice and guidance on compressing electronic files please contact the IT Service Desk

#### **4.8 Scanning**

*To determine appropriate procedures for electronic scanning and storage of ECCH records*

- 4.8.1 For reasons of business efficiency or in order to address problems with storage space, the ECCH may consider the option of scanning into electronic format records that exist in paper format. Where this is proposed, the factors to be taken into account include:
- The costs of initial and then any later media conversion to the required standard, and of the maintenance of any system purchased to provide this service, bearing in mind the length of the retention period for which records are required to be kept.
  - The need to consult in advance with the local Place of Deposit or the National Archives with regard to records which may have archival value, as the value may include the format in which it was created; and
  - The need to protect the evidential value of the record by copying and storing the record in accordance with British Standards, in particular the 'Code of Practice for Legal Admissibility and Evidential Weight of Information Stored Electronically' (BIP 0008)
- 4.8.2 In order to fully realize the benefits of reduced storage requirements the ECCH should dispose of paper records that have been copied into electronic format and stored in accordance with appropriate standards.

## 4.9 Version Control

- 4.9.1 Version control is a process in which a clear audit trail of changes to the policy is created enabling historic references to be made to old versions.
- 4.9.2 Version control is managed through the Version control table, and should be updated appropriately for each new version of the document.
- 4.9.3 The up to date version number of the document will be displayed on the front page of the document, and the version control log will provide details of all versions to date. It is the responsibility of the person updating or reviewing the policy to ensure that the correct version number is showing and that the version control log is completed.
- 4.9.4 At the drafting stage, the version number will only be updated each time the draft is sent to other parties for their attention / input and changes have been made to the content.
- 4.9.5 For all authorised versions of a document, the archiving of the document will take place via the process outlines in section 11d. Most documents will have been created using Microsoft Word. Therefore it is important that the developmental versions are held in a collated manner by the manager responsible for that particular document and that old copies are not deleted.

## 4.10 Retention and Disposal Arrangements

*To dispose of ECCH records at the appropriate time and in a controlled and secure manner*

- 4.10.1 It is a fundamental requirement that all of ECCH's records are retained for a minimum period of time for legal, operational, research and safety reasons. The length of time for retaining records will depend on the type of record and its importance to ECCH's business functions.
- 4.10.2 ECCH has adopted the retention periods set out in the Records Management: NHS Code of Practice (summarised in Appendix 2). The retention schedule will be reviewed annually.
- 4.10.3 It is particularly important under the Freedom of Information legislation that the disposal of records is undertaken in accordance with DoH Records Management: NHS Code of Practice Part 2 Annex D (See appendices 6 and 7) and which must be enforced by properly and trained and authorised staff.

For advice and guidance on disposing of electronic files please contact the IT Service Desk



#### 4.11 Access

*To provide clear and efficient access for employees and others who have a legitimate right of access to ECCH records, and ensure compliance with Access to Healthcare Records, Data Protection*

- 4.11.1 Access is a key part of the records management strategy. Fast, efficient access to records unlocks the information and knowledge they contain. See para 4.3.4 and appendix 5 for information about retrieval of records
- 4.11.2 In order to ensure that the requirements of section 4.10 are adhered to, no employee must be able to gain access to records either clinical or corporate (non-clinical) if they do not have a need to know the information that is contained within the record. If an individual, either an employee or patient, or an external agency needs to gain access to an extract of a record then, if the request to view the record is in accordance with GDPR, they must only be allowed to access the relevant extract.
- 4.11.3 Computer-based systems must be designed to segregate access to information according to role using username and password credentials to authenticate acceptable use. Ways of ensuring security of access to records include establishing role based access controls to systems and network drives, and ensuring that paper-based filing systems are locked away in areas that are not accessible to members of the public and other members of staff.
- 4.11.4 Computer-based systems will also ensure the availability of audit trails to meet ECCH managerial requirements. The audit trail, as a minimum, should log details of each significant event in the life of a document in the system. The audit trail should:
- be generated automatically by the system
  - contain date/time stamps for each event
  - be non-alterable
  - be stored in accordance with the information management policy
  - be subject to appropriate access control
  - be securely stored and backed-up
- 4.11.5 Tracking: If appropriate, when records are removed for any reason from the file storage system, their removal and subsequent return should be recorded using a robust tracking system. As a minimum it should include:
- 1 The unique identifier
  - 2 A description of the item
  - 3 The person or department to whom it is being sent
  - 4 The date of the transfer
  - 5 The date of the return
  - 6 The signature and printed name of the person returning the file

4.11.6 Where external courier services (other than from an approved listed courier) are used to transfer patient/service user records between health organisations, a formal contract needs to be put in place including ensuring the documents are transported in sealed envelopes (see 8.1). The contract should include confidentiality issues. A schedule of documents should be presented to the courier for signature, which should be cross-checked by the organisation receiving the records. Utilisation of approved courier suppliers should ensure compliance with the above procedures and negate the need for a local contract to be drawn up.

4.11.7 Medical Records: Employees must only send and ask for medical/health records to be transferred by recorded delivery in an emergency. Approval from the Caldicott Guardian needs to be attained in these circumstances. Registered post should only be used in exceptional circumstances and for minimally sensitive information. Normally, records transferred by internal mail should be sent in a new sealed tamper proof envelope (e.g. Polly Envelope) or purpose made container fitted with security safe tags and marked appropriately (e.g. Welco plastic security container). Procurement department. will be able to assist you in the ordering of such items.

#### 4.12 Transporting records

4.12.1 Health or social care records or other confidential information for transportation between sites and departments must be enclosed in tamper proof sealed bags/envelopes and clearly labelled with the specific name for whom the package is to be received. For specific situations of extreme sensitivity i.e. child protection, a further statement should be added stating 'to be opened by addressee only'.

4.12.2 Larger items can be transported using plastic security containers which are security sealed (refer to the procurement department quoting Welco security transit containers).

4.12.3 Only new envelopes may be used for internal post/couriers to ensure any tampering is obvious. No re-sealable envelopes to be used unless these contain a security seal. For items of high importance, tamper proof envelopes should be used.

4.12.4 Records must be carried between sites or departments by authorised staff only.

Authorised staff may include:

- Appropriate member of staff
- Internal transport systems
- Authorised courier service
- Off-site records storage supplier
- Special delivery service by Royal Mail

4.12.5 Transporting records from NHS premises requires vigilance and the principles of confidentiality must be maintained.

4.12.6 Transfer of information slips/tracking record slips should be used to record and monitor movement of records.



- 4.12.7 Staff may only take records home in exceptional circumstances and where a risk assessment has been undertaken and they have their line managers written approval. The records must be returned to the office on the next working day. Records or other sensitive information should not be left unattended in transit at any time. When carried in a vehicle they must be locked in the boot within a tamper proof container. This applies to laptops too. Records must not be left in vehicles overnight.
- 4.12.8 Staff who take records and other sensitive information home will be responsible for the security and confidentiality of the records which should be kept in a locked secure environment.

#### **4.13 Audit**

*To Audit and measure the implementation of the records management strategy against agreed standards*

4.13.1 ECCH will annually audit its records management practices for compliance with this framework. Clinical records must be audited annually (National Health Safety LA Risk Management Standards) and the results reported to the Intergrated Governance Committee.

4.13.2 The audit will:

- Identify areas of operation that are covered by ECCH policies and identify which procedures and/or guidance should comply to the policy;
- Follow a mechanism for adapting the policy to cover missing areas if these are critical to the creation and use of records, and use a subsidiary development plan if there are major changes to be made;
- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance; and
- Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.

4.13.3 The results of audits will be reported to ECCH Board.

#### **4.14 Training**

*To provide training and guidance on legal and ethical responsibilities and operational good practice for all staff involved in records management*

4.14.1 Effective records management involves employees at all levels. Training and guidance enables employees to understand and implement policies, and facilitates the efficient

implementation of good record keeping. Where relevant, all employees must receive training in local record keeping and management processes and procedures.

4.14.2 Any shortfall in compliance with the policy will be:

1. Highlighted and addressed in staff annual appraisals.
2. Have action plans drawn up and implemented.
3. Require evidence of change.

4.14.3 Deputy Directors and Service Managers are responsible for ensuring their staff have training related to record keeping and record management in their specific areas.

## **5 Security**

*To provide systems which maintain appropriate confidentiality, security and integrity for records in their storage and use*

- 5.1 Records must be kept securely to protect the confidentiality and authenticity of their contents, and to provide further evidence of their validity in the event of a legal challenge. Similarly, records should only be shared, both inside and outside ECCH, in accordance with the Caldicott principles and relevant legislation.
- 5.2 Unauthorised disclosure or misuse of information contained in records constitutes a serious breach of conduct that may lead to disciplinary action. Staff must guard against breaches of confidentiality by protecting information from improper disclosure at all times.
- 5.3 The GDPR, NMC Code of Conduct 2008, Human Rights Act 1998, Administrative law and Common Law Duty of Confidentiality all place responsibility on everyone to maintain confidentiality of personal information. 'Confidentiality. NHS Code of Practice' provides further guidance and applies to all NHS employees)
- 5.4 Basic principles that should be adhered to are as follows:
- Records should never be left in a position where unauthorised persons can obtain access to them (including computer screens left on but unattended)
  - Only staff who are authorised to access patient/service user records as part of their duties in the provision of care and treatment, or in the carrying out of audit and governance duties, are permitted to do so.
  - The content of records should not be communicated with persons who are not authorised to receive them. They may be discussed on a need to know basis only to provide care and treatment to the patient/service user.
  - Employees must not use home IT equipment to write reports or documents involving person or business sensitive information.

## **6. Information Sharing**

- 6.1 Recording consent – Patient/service user consent or refusal to share information and any subsequent action taken should be recorded in the patient/service users notes. If information is shared against the patient/service users wishes, the justification for doing so should be noted in addition to who has reached the decision and the date. It is the staffs responsibility to tell patients at the earliest opportunity how their information is treated/used.
- 6.2 Sharing Information with Professionals – Exchange of records requested by staff within the organisation will normally be dealt with by staff who are known to each other and the service user. If a person is unknown and makes a request, the identity of the person should be checked and if in doubt, advice sought from a service manager.
- 6.3 Requests for patient/service user information from professionals outside of the Organisation should be in writing to a line manager and contain an explanation of who requires the information, for what purpose and ideally have the patient/service users consent.
- 6.4 Further details relating to Information Sharing can be found by utilising the following document link : [Care Record Guarantee – Connecting for Health](#)

## 7. **Legal and Professional Obligations**

7.1 All NHS records are Public Records under the Public Records Acts. Whilst not subject specifically to this legislation ECCH will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: NHS Code of Practice, in particular:

- The Public Records Act 1958;
- The Data Protection Act 1998;
- The Information Governance Alliance Records Management of Code Practice
- The Common Law Duty of Confidentiality; and
- The NHS Confidentiality Code of Practice.

and any subsequent legislation affecting records management as it arises.

## 8. **Review**

8.1 This policy will be reviewed every two years (or sooner if new legislation, codes of practice or national standards are to be introduced).

## **Appendix 1**

### **Standards for Clinical Record Keeping**

These standards apply to all employees: individual directorates, departments and services may have more specific approved standards that must also be adhered to.

- 1. Records will be a factual and accurate account of:**
  - a. The ongoing assessment**
  - b. Care planning**
  - c. Treatment/ care provided**
  - d. Evaluation/ outcome of treatment.**
- 2. Decision making/ clinical reasoning should be evident, as should any information given to or discussed with the patient.**
- 3. All encounters and interventions relating to a patient must be recording including when a patient has not been involved directly e.g. telephone calls between healthcare professions or with the patient, ordering equipment on behalf of a patient, conversations with relatives and carers.**
- 4. Records should demonstrate that where the patient has the capacity to do so, they are actively involved in continuously negotiating and influencing their care, and that relatives/ carers are appropriately with the patients care where patients consents for this to happen.**
- 5. Records should demonstrate that valid consent to assessment and treatment was obtained and that patients were offered a chaperone in line with ECCH policy.**
- 6. The record must be kept on ECCH recognised stationery and have an organised structure in which all information relating to the patient is filed.**
- 7. All documents are to be secured within the health record by the anchorage points (punched holes) using ring binders or similar or treasury tags. No documents are to be loosely filed, stapled or taped in to the health record.**
- 8. If any part of the records becomes damaged it must still be retained for legal purposes.**
- 9. Entries must be written clearly and legibly in black ink.**
- 10. Dictated notes must be typed, and then checked, corrected and signed by the clinician who dictated them. The accuracy of dictated notes is the responsibility of the author.**
- 11. The name of the patient or client must be included on each side of each page (First name in lowercase and then surname in capitals) along with a second identifier. This should be the NHS Number and local reference**

number e.g. hospital number. Where these are not available the date of birth must be used whilst every effort is made to trace the NHS number.

- 12.** Alerts, allergies and contradictions will be documented prominently at the beginning of any paper or electronic records. If it is felt appropriate to highlight then only pink highlighter should be used.
- 13.** Records will be contemporaneous and written as soon as possible after an intervention.
- 14.** All entries will be dated (date, month and year), and timed (24hr clock) at the beginning of the entry. Where records are written sometime after the intervention, the time of both the intervention and the time of documentation must be recorded.
- 15.** There will be a log of signatures and initials of all staff who contribute to clinical records within each directorate, department and service. Signatory lists will be held by the appropriate executive director or Head of Service and will be made available to internal audit upon request.
- 16.** All entries will be signed and the name and designation printed/ stamped alongside the first entry. If two or more staff are present during the intervention their names must be clearly recorded.
- 17.** Where an entry is not signed, the next person to make an entry should record 'entry above unsigned'.
- 18.** Only abbreviations and symbols approved by the ECCH will be used. It is the responsibility of Heads of Department to maintain approved list of abbreviations which is also held by ECCH Headquarters.
- 19.** Any alterations or additions are dated, timed and signed or initialled in such a such a way that the original entry can still be read clearly. A single line should be drawn through any error and correction fluid must not be used in any circumstances.
- 20.** Omissions must be written at the time they were realised and not squeezed in to the record
- 21.** A line should be drawn through any unused areas of the record to prevent entries being made at a later date.
- 22.** A departmental policy confirms the arrangements in place to monitor the record entries of support staff e.g. health care assistants, administrative staff, students.
- 23.** Test results/ reports must be evaluated and signed by a clinician before being filed. Abnormal results and the action to be taken should be recorded.

## Appendix 2

### Minimum Retention Periods for Specific Documents

This retention schedule details a **Minimum Retention Period** for each type of health record. Records (whatever the media) may be retained for longer than the minimum period if considered necessary by ECCH Management.

As a general rule, however, records should not ordinarily be retained by ECCH for more than 30 years. Where a retention period longer than 30 years is required (e.g. to be preserved for historical purposes), or for any pre-1948 records, The National Archives should be consulted. Managers should remember that records containing personal information are subject to the Data Protection Act 1998.

The following types of record are covered by this retention schedule (regardless of the media on which they are held, including paper, electronic, images and sound, and including all records of NHS patients treated on behalf of the NHS in the private healthcare sector):

- **patient health records (electronic or paper-based, and concerning all specialties, including GP medical records);**
- **X-ray and imaging reports, output and images;**
- **photographs, slides and other images;**
- **microform (ie microfiche/microfilm); audio and video tapes, cassettes, CD-ROMs, etc;**
- **e-mails;**
- **computerised records; and**
- **scanned documents.**

***This appendix includes an expurgated version of Annex D1 to Part 2 of the NHS Records Management Code of Practice.***

The coding below denotes the status of the type of record and its retention period:

**C** = a previously existing record type (ie referenced in the previous retention schedule dated March 2006) but a **C**hange to the retention period

**N** = a **N**ew record type (either not referenced in the previous retention schedule or a more explicit description of a record type than previously published)

**S** = a previously existing record type, with the **S**ame retention period.

[Part 2 of the NHS Records Management Code of Practice remains substantially the same as the new guidance and in some areas is more explicit. This should be compared with the new guidance which can be found at <https://digital.nhs.uk/information-governance-alliance>.](https://digital.nhs.uk/information-governance-alliance)



Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Care Records with standard retention periods	Adult health records not covered by any other section in this schedule	Discharge or patient last seen	8 years	Review and if no longer needed destroy	Basic health and social care retention period - check for any other involvements that could extend the retention. All must be reviewed prior to destruction taking into account any serious incident retentions. This includes medical illustration records such as X-rays and scans as well as video and other formats.
Care Records with standard retention periods	Adult social care records	End of care or client last seen	8 years	Review and if no longer needed destroy	
Care Records with standard retention periods	Children's records including midwifery, health visiting and school nursing	Discharge or patient last seen	25 <sup>th</sup> or 26 <sup>th</sup> birthday (see Notes)	Review and if no longer needed destroy	Basic health and social care retention requirement is to retain until 25 <sup>th</sup> birthday or if the patient was 17 at the conclusion of the treatment, until their 26th birthday. Check for any other involvements that could extend the retention. All must be reviewed prior to destruction taking into account any serious incident retentions. This includes medical illustration records such as X-rays and scans as well as video and other formats.
Care Records with standard retention periods	Electronic Patient Records System	See Notes	See Notes	Destroy	Where the electronic system has the capacity to destroy records in line with the retention schedule, and where a metadata stub can remain demonstrating that a record has been destroyed, then the code should be followed in the same way for electronic records as for paper records with a log being kept of the records destroyed. If the system does not have this capacity, then once the records have reached the end of their retention periods they should be inaccessible to users of the system and upon decommissioning, the system (along with audit trails) should be retained for the retention period of the last entry related to the schedule.
Care Records with standard retention periods	General Dental Services records	Discharge or patient last seen	10 Years	Review and if no longer needed destroy	



Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Care Records with standard retention periods	GP Patient records	Death of Patient	10 years after death see Notes for exceptions	Review and if no longer needed destroy	If a new provider requests the records, these are transferred to the new provider to continue care. If no request to transfer: 1. Where the patient does not come back to the practice and the records are not transferred to a new provider the record must be retained for 100 years unless it is known that they have emigrated 2. Where a patient is known to have emigrated, records may be reviewed and destroyed after 10 years 3. If the patient comes back within the 100 years, the retention reverts to 10 years after death.
Care Records with standard retention periods	Mental Health records	Discharge or patient last seen	20 years or 8 years after the patient has died	Review and if no longer needed destroy	Covers records made where the person has been cared for under the Mental Health Act 1983 as amended by the Mental Health Act 2007. This includes psychology records. Retention solely for any persons who have been sectioned under the Mental Health Act 1983 must be considerably longer than 20 years where the case may be ongoing. Very mild forms of adult mental health treated in a community setting where a full recovery is made may consider treating as an adult records and keep for 8 years after discharge. All must be reviewed prior to destruction taking into account any serious incident retentions.
Care Records with standard retention periods	Obstetric records, maternity records and antenatal and post natal records	Discharge or patient last seen	25 years	Review and if no longer needed destroy	For the purposes of record keeping these records are to be considered as much a record of the child as that of the mother.
Care Records with Non-Standard Retention Periods	Cancer/Oncology - the oncology records of any patient	Diagnosis of Cancer	30 Years or 8 years after the patient has died	Review and consider transfer to a Place of Deposit	For the purposes of clinical care the diagnosis records of any cancer must be retained in case of future reoccurrence. Where the oncology records are in a main patient file the entire file must be retained. Retention is applicable to primary acute patient record of the cancer diagnosis and treatment only. If this is part of a wider patient record then the entire record may be retained. Any oncology records must be reviewed prior to destruction taking into account any potential long term research value which may require consent or anonymisation of the record.

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Care Records with Non-Standard Retention Periods	Contraception, sexual health, Family Planning and Genito-Urinary Medicine (GUM)	Discharge or patient last seen	8 or 10 years (see Notes)	Review and if no longer needed destroy	Basic retention requirement is 8 years unless there is an implant or device inserted, in which case it is 10 years. All must be reviewed prior to destruction taking into account any serious incident retentions. If this is a record of a child, treat as a child record as above.
Care Records with Non-Standard Retention Periods	HFEA records of treatment provided in licenced treatment centres		3, 10, 30, or 50 years	Review and if no longer needed destroy	Retention periods are set out in the HFEA guidance at: <a href="http://www.hfea.gov.uk/docs/General_directions_0012.pdf">http://www.hfea.gov.uk/docs/General_directions_0012.pdf</a>
Care Records with Non-Standard Retention Periods	Medical record of a patient with Creutzfeldt-Jakob Disease (CJD)	Diagnosis	30 Years or 8 years after the patient has died	Review and consider transfer to a Place of Deposit	For the purposes of clinical care the diagnosis records of CJD must be retained. Where the CJD records are in a main patient file the entire file must be retained. All must be reviewed prior to destruction taking into account any serious incident retentions.
Care Records with Non-Standard Retention Periods	Record of long term illness or an illness that may reoccur	Discharge or patient last seen	30 Years or 8 years after the patient has died	Review and if no longer needed destroy	Necessary for continuity of clinical care. The primary record of the illness and course of treatment must be kept of a patient where the illness may reoccur or is a life long illness.

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Pharmacy	Information relating to controlled drugs	Creation	See Notes	Review and if no longer needed destroy	<p>NHS England and NHS BSA guidance for controlled drugs can be found at:  <a href="http://www.nhsbsa.nhs.uk/PrescriptionServices/1120.aspx">http://www.nhsbsa.nhs.uk/PrescriptionServices/1120.aspx</a> and  <a href="https://www.england.nhs.uk/wp-content/uploads/2013/11/som-cont-drugs.pdf">https://www.england.nhs.uk/wp-content/uploads/2013/11/som-cont-drugs.pdf</a> The Medicines, Ethics and Practice (MEP) guidance can be found at the link (subscription required)  <a href="http://www.rpharms.com/support/mep.asp#new">http://www.rpharms.com/support/mep.asp#new</a> Guidance from NHS England is that locally held controlled drugs information should be retained for 7 years.</p> <p>NHS BSA will hold primary data for 20 years and then review. NHS East and South East Specialist Pharmacy Services have prepared pharmacy records guidance including a specialised retention schedule for pharmacy. Please see:  <a href="http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Reports-Bulletins/Retention-of-pharmacy-records/">http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Reports-Bulletins/Retention-of-pharmacy-records/</a></p>
Pharmacy	Pharmacy prescription records <i>see also Controlled Drugs</i>	Discharge or patient last seen	2 Years	Review and if no longer needed destroy	<p>See also 'Controlled Drugs'. There will also be an entry in the patient record and a record held by the NHS Business Services Authority. NHS East and South East Specialist Pharmacy Services have prepared pharmacy records guidance including a specialised retention schedule for pharmacy. Please see:  <a href="http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Reports-Bulletins/Retention-of-pharmacy-records/">http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Reports-Bulletins/Retention-of-pharmacy-records/</a></p>

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Pathology	Pathology Reports/Information about Specimens and samples	Specimen or sample is destroyed	See Notes	Review and consider transfer to a Place of Deposit	This Code is concerned with the information about a specimen or sample. The length of storage of the clinical material will drive the length of time the information about it is to be kept. For more details please see: <a href="https://www.rcpath.org/resourceLibrary/the-retention-and-storage-of-pathological-records-and-specimens--5th-edition-.html">https://www.rcpath.org/resourceLibrary/the-retention-and-storage-of-pathological-records-and-specimens--5th-edition-.html</a> . Retention of samples for clinical purposes can be for as long as there is a clinical need to hold the specimen or sample. Reports should be stored on the patient file. It is common for pathologists to hold duplicate reports. For clinical purposes this is 8 years after the patient is discharged for an adult or until a child's 25th birthday whichever is the longer. . After 20 years for adult records there must be an appraisal as to the historical importance of the information and a decision made as to whether they should be destroyed or kept for archival value.
Event & Transaction Records	Blood bank register	Creation	30 Years minimum	Review and consider transfer to a Place of Deposit	
Event & Transaction Records	Clinical Audit	Creation	5 years	Review and if no longer needed destroy	
Event & Transaction Records	Chaplaincy records	Creation	2 years	Review and consider transfer to a Place of Deposit	See also Corporate Retention
Event & Transaction Records	Clinical Diaries	End of the year to which they relate	2 years	Review and if no longer needed destroy	Diaries of clinical activity & visits must be written up and transferred to the main patient file. If the information is not transferred the diary must be kept for 8 years.

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Event & Transaction Records	Clinical Protocols	Creation	25 years	Review and consider transfer to a Place of Deposit	Clinical protocols may have archival value. They may also be routinely captured in clinical governance meetings which may form part of the permanent record (see Corporate Records).
Event & Transaction Records	Datasets released by HSCIC under a data sharing agreement	Date specified in the data sharing agreement	Delete with immediate effect	Delete according to HSCIC instruction	<a href="http://www.hscic.gov.uk/media/15729/DARS-Data-Sharing-Agreement/pdf/Data_Sharing_Agreement_2015v2%28restricted_editing%29.pdf">http://www.hscic.gov.uk/media/15729/DARS-Data-Sharing-Agreement/pdf/Data_Sharing_Agreement_2015v2%28restricted_editing%29.pdf</a>
Event & Transaction Records	Destruction Certificates or Electronic Metadata destruction stub or record of clinical information held on destroyed physical media	Destruction of record or information	20 Years	Review and consider transfer to a Place of Deposit	Destruction certificates created by public bodies are not covered by an instrument of retention and if a Place of Deposit or the National Archives do not class them as a record of archival importance they are to be destroyed after 20 years.
Event & Transaction Records	Equipment maintenance logs	Decommissioning of the equipment	11 years	Review and consider transfer to a Place of Deposit	
Event & Transaction Records	General Ophthalmic Services patient records related to NHS financial transactions	Discharge or patient last seen	6 Years	Review and if no longer needed destroy	
Event & Transaction Records	GP temporary resident forms	After treatment	2 years	Review and if no longer needed destroy	Assumes a copy sent to responsible GP for inclusion in the primary care record
Event & Transaction Records	Inspection of equipment records	Decommissioning of equipment	11 Years	Review and if no longer needed destroy	

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Event & Transaction Records	Notifiable disease book	Creation	6 years	Review and if no longer needed destroy	
Event & Transaction Records	Operating theatre records	End of year to which they relate	10 Years	Review and consider transfer to a Place of Deposit	If transferred to a place of deposit the duty of confidence continues to apply and can only be used for research if the patient has consented or the record is anonymised.
Event & Transaction Records	Patient Property Books	End of the year to which they relate	2 years	Review and if no longer needed destroy	
Event & Transaction Records	Referrals not accepted	Date of rejection.	2 years as an ephemeral record	Review and if no longer needed destroy	The rejected referral to the service should also be kept on the originating service file.
Event & Transaction Records	Requests for funding for care not accepted	Date of rejection	2 years as an ephemeral record	Review and if no longer needed destroy	
Event & Transaction Records	Screening, including cervical screening, information where no cancer/illness detected is detected	Creation	10 years	Review and if no longer needed destroy	Where cancer is detected see 2 Cancer / Oncology. For child screening treat as a child health record and retain until 25th birthday or 10 years after the child has been screened whichever is the longer.
Event & Transaction Records	Smoking cessation	Closure of 12 week quit period	2 years	Review and if no longer needed destroy	
Event & Transaction Records	Transplantation Records	Creation	30 Years	Review and consider transfer to a Place of Deposit	See guidance at: <a href="https://www.hta.gov.uk/codes-practice">https://www.hta.gov.uk/codes-practice</a>

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Event & Transaction Records	Ward handover sheet	Date of handover	2 years	Review and if no longer needed destroy	This retention relates to the ward. The individual sheets held by staff must be destroyed confidentially at the end of the shift.
Telephony Systems & Services (999 phone numbers, 111 phone numbers, ambulance, out of hours, single point of contact call centres).	Recorded conversation which may later be needed for clinical negligence purpose	Creation	3 Years	Review and if no longer needed destroy	The period of time cited by the NHS Litigation Authority is 3 years
Telephony Systems & Services (999 phone numbers, 111 phone numbers, ambulance, out of hours, single point of contact call centres).	Recorded conversation which forms part of the health record	Creation	Store as a health record	Review and if no longer needed destroy	It is advisable to transfer any relevant information into the main record through transcription or summarisation. Call handlers may perform this task as part of the call. Where it is not possible to transfer clinical information from the recording to the record the recording must be considered as part of the record and be retained accordingly.
Telephony Systems & Services (999 phone numbers, 111 phone numbers, ambulance, out of hours, single point of contact call centres).	The telephony systems record(not recorded conversations)	Creation	1 year	Review and if no longer needed destroy	This is the absolute minimum specified to meet the NHS contractual requirement.



Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Births, Deaths & Adoption Records	Birth Notification to Child Health	Receipt by Child health department	25 years	Review and if no longer needed destroy	Treat as a part of the child's health record if not already stored within health record such as the health visiting record.
Births, Deaths & Adoption Records	Birth Registers	Creation	2 years	Review and actively consider transfer to a Place of Deposit	Where registers of all the births that have taken place in a particular hospital/birth centre exist, these will have archival value and should be retained for 25 years and offered to a Place of Deposit at the end of this retention period.  Information is also held in the NHS Number for Babies (NN4B) electronic system and by the Office for National Statistics. Other information about a birth must be recorded in the care record.
Births, Deaths & Adoption Records	Body Release Forms	Creation	2 years	Review and consider transfer to a Place of Deposit	
Births, Deaths & Adoption Records	Death - cause of death certificate counterfoil	Creation	2 years	Review and consider transfer to a Place of Deposit	
Births, Deaths & Adoption Records	Death register information sent to General Registry Office on monthly basis	Creation	2 years	Review and consider transfer to a Place of Deposit	A full dataset is available from the Office for National Statistics.
Births, Deaths & Adoption Records	Local Authority Adoption Record (normally held by the Local Authority children's services)	Creation	100 years from the date of the adoption order	Review and consider transfer to a Place of Deposit	The primary record of the adoption process is held by the local authority children's service responsible for the adoption service



Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Births, Deaths & Adoption Records	Mortuary Records of deceased	End of year to which they relate	10 Years	Review and consider transfer to a Place of Deposit	
Births, Deaths & Adoption Records	Mortuary register	Creation	10 Years	Review and consider transfer to a Place of Deposit	
Births, Deaths & Adoption Records	NHS Medicals for Adoption Records	Creation	8 years or 25th birthday	Review and consider transfer to a Place of Deposit	The health reports will feed into the primary record held by Local Authority Children's services. This means that the adoption records held in the NHS relate to reports that are already kept in another file which is kept for 100 years by the appropriate agency and local authority.
Births, Deaths & Adoption Records	Post Mortem Records	Creation	10 years	Review and if no longer needed destroy	The primary post mortem file will be maintained by the coroner. The coroner will retain the post mortem file including the report. Local records of post mortem will not need to be kept for the same extended time.
Clinical Trials & Research	Advanced Medical Therapy Research Master File	Closure of research	30 years	Review and consider transfer to a Place of Deposit	See guidance at: <a href="https://www.gov.uk/guidance/advanced-therapy-medicinal-products-regulation-and-licensing">https://www.gov.uk/guidance/advanced-therapy-medicinal-products-regulation-and-licensing</a> For clinical trials record retention please see the MHRC guidance at <a href="https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials">https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials</a>
Clinical Trials & Research	Clinical Trials Master File of a trial authorised under the European portal under Regulation (EU) No 536/2014	Closure of trial	25 years	Review and consider transfer to a Place of Deposit	For details see: <a href="http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.158.01.0001.01.ENG">http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.158.01.0001.01.ENG</a>

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Clinical Trials & Research	European Commission Authorisation (certificate or letter) to enable marketing and sale within the EU member states area	Closure of trial	15 years	Review and consider transfer to a Place of Deposit	<a href="http://ec.europa.eu/health/files/eudralex/vol-2/a/vol2a_chap1_2013-06_en.pdf">http://ec.europa.eu/health/files/eudralex/vol-2/a/vol2a_chap1_2013-06_en.pdf</a>
Clinical Trials & Research	Research data sets	End of research	Not more than 20 years	Review and consider transfer to a Place of Deposit	<a href="http://tools.jiscinfonet.ac.uk/downloads/bcs-rrs/managing-research-records.pdf">http://tools.jiscinfonet.ac.uk/downloads/bcs-rrs/managing-research-records.pdf</a>
Clinical Trials & Research	Research Ethics Committee's documentation for research proposal	End of research	5 years	Review and consider transfer to a Place of Deposit	<p>For details please see:<a href="http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/">http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/</a></p> <p>Data must be held for sufficient time to allow any questions about the research to be answered. Depending on the type of research the data may not need to be kept once the purpose has expired. For example data used for passing an academic exam may be destroyed once the exam has been passed and there is no further academic need to hold the data. For more significant research a place of deposit may be interested in holding the research. It is best practice to consider this at the outset of research and orphaned personal data can inadvertently cause a data breach.</p>
Clinical Trials & Research	Research Ethics Committee's minutes and papers	Year to which they relate	Before 20 years	Review and consider transfer to a Place of Deposit	Committee papers must be transferred to a place of deposit as a public record: <a href="http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/">http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/</a>

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Corporate Governance	Board Meetings	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	
Corporate Governance	Board Meetings (Closed Boards)	Creation	May retain for 20 years	Transfer to a Place of Deposit	Although they may contain confidential or sensitive material they are still a public record and must be transferred at 20 years with any FOI exemptions noted or duty of confidence indicated.
Corporate Governance	Chief Executive records	Creation	May retain for 20 years	Transfer to a Place of Deposit	This may include emails and correspondence where they are not already included in the board papers and they are considered to be of archival interest.
Corporate Governance	Committees Listed in the Scheme of Delegation or that report into the Board and major projects	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	
Corporate Governance	Committees/ Groups / Sub-committees not listed in the scheme of delegation	Creation	6 Years	Review and if no longer needed destroy	Includes minor meetings/projects and departmental business meetings
Corporate Governance	Destruction Certificates or Electronic Metadata destruction stub or record of information held on destroyed physical media	Destruction of record or information	20 Years	Consider Transfer to a Place of Deposit and if no longer needed to destroy	The Public Records Act 1958 limits the holding of records to 20 years unless there is an instrument issued by the Minister with responsibility for administering the Public Records Act 1958. If records are not excluded by such an instrument they must either be transferred to a place of deposit as a public record or destroyed 20 years after the record has been closed.
Corporate Governance	Incidents (serious)	Date of Incident	20 Years	Review and consider transfer to a Place of Deposit	

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Corporate Governance	Incidents (not serious)	Date of Incident	10 Years	Review and if no longer needed destroy	
Corporate Governance	Non-Clinical Quality Assurance Records	End of year to which the assurance relates	12 years	Review and if no longer needed destroy	
Corporate Governance	Patient Advice and Liaison Service (PALS) records	Close of financial year	10 years	Review and if no longer needed destroy	
Corporate Governance	Policies, strategies and operating procedures including business plans	Creation	Life of organisation plus 6 years	Review and consider transfer to a Place of Deposit	
Communications	Intranet site	Creation	6 years	Review and consider transfer to a Place of Deposit	
Communications	Patient information leaflets	End of use	6 years	Review and consider transfer to a Place of Deposit	
Communications	Press releases and important internal communications	Release Date	6 years	Review and consider transfer to a Place of Deposit	Press releases may form a significant part of the public record of an organisation which may need to be retained
Communications	Public consultations	End of consultation	5 years	Review and consider transfer to a Place of Deposit	

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Communications	Website	Creation	6 years	Review and consider transfer to a Place of Deposit	
Staff Records & Occupational Health	Duty Roster	Close of financial year	6 years	Review and if no longer needed destroy	
Staff Records & Occupational Health	Exposure Monitoring information	Monitoring ceases	40 years/5 years from the date of the last entry made in it	Review and if no longer needed destroy	A) Where the record is representative of the personal exposures of identifiable employees, for at least 40 years or B) In any other case, for at least 5 years.
Staff Records & Occupational Health	Occupational Health Reports	Staff member leaves	Keep until 75th birthday or 6 years after the staff member leaves whichever is sooner	Review and if no longer needed destroy	
Staff Records & Occupational Health	Occupational Health Report of Staff member under health surveillance	Staff member leaves	Keep until 75th birthday	Review and if no longer needed destroy	

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Staff Records & Occupational Health	Occupational Health Report of Staff member under health surveillance where they have been subject to radiation doses	Staff member leaves	50 years from the date of the last entry or until 75th birthday, whichever is longer	Review and if no longer needed destroy	
Staff Records & Occupational Health	Staff Record	Staff member leaves	Keep until 75th birthday (see Notes)	Create Staff Record Summary then review or destroy the main file.	This includes (but is not limited to) evidence of right to work, security checks and recruitment documentation for the successful candidate including job adverts and application forms. May be destroyed 6 years after the staff member leaves or the 75 <sup>th</sup> birthday, whichever is sooner, if a summary has been made.
Staff Records & Occupational Health	Staff Record Summary	6 years after the staff member leaves	75th Birthday	Place of Deposit should be offered for continued retention or Destroy	Please see page 36 for an example of a Staff Record Summary used by an organisation.
Staff Records & Occupational Health	Timesheets (original record)	Creation	2 years	Review and if no longer needed destroy	

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Staff Records & Occupational Health	Staff Training records	Creation	See Notes	Review and consider transfer to a Place of Deposit	Records of significant training must be kept until 75th birthday or 6 years after the staff member leaves. It can be difficult to categorise staff training records as significant as this can depend upon the staff member's role. The IGA recommends: 1 Clinical training records - to be retained until 75 <sup>th</sup> birthday or six years after the staff member leaves, whichever is the longer 2 Statutory and mandatory training records - to be kept for ten years after training completed 3 Other training records - keep for six years after training completed.
Procurement	Contracts sealed or unsealed	End of contract	6 years	Review and if no longer needed destroy	
Procurement	Contracts - financial approval files	End of contract	15 years	Review and if no longer needed destroy	
Procurement	Contracts - financial approved suppliers documentation	When supplier finishes work	11 years	Review and if no longer needed destroy	
Procurement	Tenders (successful)	End of contract	6 years	Review and if no longer needed destroy	

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Procurement	Tenders (unsuccessful)	Award of tender	6 years	Review and if no longer needed destroy	
Estates	Building plans and records of major building work	Completion of work	Lifetime of the building or disposal of asset plus six years	Review and consider transfer to a Place of Deposit	Building plans and records of works are potentially of historical interest and where possible be kept and transferred to a place of deposit
Estates	CCTV		See ICO Code of Practice	Review and if no longer needed destroy	ICO Code of Practice: <a href="https://ico.org.uk/media/for-organisations/documents/1542/cctv-code-of-practice.pdf">https://ico.org.uk/media/for-organisations/documents/1542/cctv-code-of-practice.pdf</a> The length of retention must be determined by the purpose for which the CCTV has been deployed. The recorded images will only be retained long enough for any incident to come to light (e.g. for a theft to be noticed) and the incident to be investigated.
Estates	Equipment monitoring and testing and maintenance work where asbestos is a factor	Completion of monitoring or test	40 years	Review and if no longer needed destroy	



Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Estates	Equipment monitoring and testing and maintenance work	Completion of monitoring or test	10 years	Review and if no longer needed destroy	
Estates	Inspection reports	End of lifetime of installation	Lifetime of installation	Review	
Estates	Leases	Termination of lease	12 years	Review and if no longer needed destroy	
Estates	Minor building works	Completion of work	retain for 6 years	Review and if no longer needed destroy	
Estates	Photographic collections of service locations and events and activities	Close of collection	Retain for not more than 20 years	Consider transfer to a place of deposit	The main reason for maintaining photographic collections is for historical legacy of the running and operation of an organisation. However, photographs may have subsidiary uses for legal enquiries.
Estates	Radioactive Waste	Creation	30 years	Review and if no longer needed destroy	

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Estates	Sterilix Endoscopic Disinfector Daily Water Cycle Test, Purge Test, Nynhydrin Test	Date of test	11 years	Review and if no longer needed destroy	
Estates	Surveys	End of lifetime of installation or building	Lifetime of installation or building	Review and consider transfer to Place of Deposit	
Finance	Accounts	Close of financial year	3 years	Review and if no longer needed destroy	Includes all associated documentation and records for the purpose of audit as agreed by auditors
Finance	Benefactions	End of financial year	8 years	Review and consider transfer to Place of Deposit	These may already be in the financial accounts and may be captured in other records/reports or committee papers. Where benefactions endowment trust fund/legacies - permanent retention.
Finance	Debtor records cleared	Close of financial year	2 years	Review and if no longer needed destroy	
Finance	Debtor records not cleared	Close of financial year	6 years	Review and if no longer needed destroy	

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Finance	Donations	Close of financial year	6 years	Review and if no longer needed destroy	
Finance	Expenses	Close of financial year	6 years	Review and if no longer needed destroy	
Finance	Final annual accounts report	Creation	Before 20 years	Transfer to place of deposit if not transferred with the board papers	Should be transferred to a place of deposit as soon as practically possible
Finance	Financial records of transactions	End of financial year	6 Years	Review and if no longer needed destroy	
Finance	Petty cash	End of financial year	2 Years	Review and if no longer needed destroy	
Finance	Private Finance initiative (PFI) files	End of PFI	Lifetime of PFI	Review and consider transfer to Place of Deposit	
Finance	Salaries paid to staff	Close of financial year	10 Years	Review and if no longer needed destroy	

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Finance	Superannuation records	Close of financial year	10 Years	Review and if no longer needed destroy	
Legal, Complaints & information Rights	Complaints case file	Closure of incident (see Notes)	10 years	Review and if no longer needed destroy	<a href="http://www.nationalarchives.gov.uk/documents/information-management/sched_complaints.pdf">http://www.nationalarchives.gov.uk/documents/information-management/sched_complaints.pdf</a>  The incident is not closed until all subsequent processes have ceased including litigation. The file must not be kept on the patient file. A separate file must always be maintained.
Legal, Complaints & information Rights	Fraud case files	Case closure	6 years	Review and if no longer needed destroy	
Legal, Complaints & information Rights	Freedom of Information (FOI) requests and responses and any associated correspondence	Closure of FOI request	3 years	Review and if no longer needed destroy	Where redactions have been made it is important to keep a copy of the redacted disclosed documents or if not practical to keep a summary of the redactions.
Legal, Complaints & information Rights	FOI requests where there has been a subsequent appeal	Closure of appeal	6 years	Review and if no longer needed destroy	
Legal, Complaints & information Rights	Industrial relations including tribunal case records	Close of financial year	10 Years	Review and consider transfer to a Place of Deposit	Some organisations may record these as part of the staff record but in most cases they will form a distinct separate record either held by the staff member/manager or by the payroll team for processing.

Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Legal, Complaints & information Rights	Litigation records	Closure of case	10 years	Review and consider transfer to a Place of Deposit	
Legal, Complaints & information Rights	Patents / trademarks / copyright / intellectual property-	End of lifetime of patent or termination of licence/action	Lifetime of patent or 6 years from end of licence /action	Review and consider transfer to Place of Deposit	
Legal, Complaints & information Rights	Software licences	End of lifetime of software	Lifetime of software	Review and if no longer needed destroy	
Legal, Complaints & information Rights	Subject Access Requests (SAR) and disclosure correspondence	Closure of SAR	3 Years	Review and if no longer needed destroy	
Legal, Complaints & information Rights	Subject access requests where there has been a subsequent appeal	Closure of appeal	6 Years	Review and if no longer needed destroy	

## **Addendum to Appendix 2a: Principles to be Used in Determining Policy Regarding the Retention and Storage of Essential Maternity Records**

British Paediatric Association  
Royal College of Midwives  
Royal College of Obstetricians and Gynaecologists  
United Kingdom Central Council for Nursing, Midwifery and Health Visiting

### Joint Position on the Retention of Maternity Records

1. All essential maternity records should be retained. 'Essential' maternity records mean those records relating to the care of a mother and baby during pregnancy, labour and the puerperium.
2. Records that should be retained are those which will, or may, be necessary for further professional use. 'Professional use' means necessary to the care to be given to the woman during her reproductive life, and/or her baby, or necessary for any investigation that may ensue under the Congenital Disabilities (Civil Liabilities) Act 1976, or any other litigation related to the care of the woman and/or her baby.
3. Local level decision making with administrators on behalf of the health authority must include proper professional representation when agreeing policy about essential maternity records. 'Proper professional' in this context should mean a senior medical practitioner(s) concerned in the direct clinical provision of maternity and neonatal services and a senior practising midwife.
4. Local policy should clearly specify particular records to be retained AND include detail regarding transfer of records, and needs for the final collation of the records for storage. For example, the necessity for inclusion of community midwifery records.
5. Policy should also determine details of the mechanisms for return and collation for storage, of those records which are held by mothers themselves, during pregnancy and the puerperium.

### List of Maternity Records to be Retained

6. Maternity Records retained should include the following:
  - 6.1 documents recording booking data and pre-pregnancy records where appropriate;
  - 6.2 documentation recording subsequent antenatal visits and examinations;
  - 6.3 antenatal in-patient records;
  - 6.4 clinical test results including ultrasonic scans, alpha-feto protein and chorionic villus sampling;
  - 6.5 blood test reports;
  - 6.6 all intrapartum records to include, initial assessment, partograph and associated records including cardiotocographs;
  - 6.7 drug prescription and administration records;
  - 6.8 postnatal records including documents relating to the care of mother and baby, in both the hospital and community settings.

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
<b>ADMINISTRATIVE (CORPORATE AND ORGANISATION)</b>				
Accident forms (see also Litigation dossiers)	10 years		Destroy under confidential conditions	S
Accident register (Reporting of Injuries, Diseases and Dangerous Occurrences register) – see also Incident forms	10 years	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (reg. 7); Social Security (Claims and Payments) Regulations (reg. 25)	Destroy under confidential conditions	C
Adoption records (i.e. administrative records relating the adoption process)	75th anniversary of the date of birth of the child to whom it relates or, if the child dies before attaining the age of 18, 15 years beginning with the date of the 18th birthday	Children and Young Persons Arrangements for Placement of Children (General) (Regulations 1991, SI 1991, No. 890 regs. 8, 9, 10 – children’s records) Adoption Regulations 2004 (reg. 34)	Destroy under confidential conditions	N



TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Advance letters (eg DH guidance)	6 years		Destroy	S
Agendas of board meetings, committees, sub-committees (master copies,including associated papers)	30 years		See note 1	S
Agendas (other)	2 years		Destroy under confidential conditions	S
Agreements (see Contracts)				
Annual/corporate reports	3 years		See note 1	S
Appointment Records (GP)	2 years (Provided that any patient-relevant information has been transferred to the patient record) At the end of the 2 year retention period GP practices should consider if		Destroy under confidential conditions – once a decision has been made that	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	<p>there is an ongoing administrative need to keep the records/books for longer. If there IS an ongoing need to retain these records/books, then a further review date should be set (either 1 or 2 more years)</p>		<p>there is no ongoing administrative need to retain the records.</p>	
<p>Assembly/Parliamentary questions,MP enquiries</p>	<p>10 years</p>		<p>As these documents include all information provided by the organisation in response to a PQ (e.g. background note to the Minister or the Minister may amend the response) all of which may not be used in the response and therefore it will not be in the public domain on</p>	<p>S</p>

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			House of Commons records they must be destroyed under confidential conditions.	
Audit Records (e.g. Organisational Audits, Records Audits, Systems Audits) – Internal & External in any format (paper, electronic etc)	2 years from the date of completion of the audit		Destroy under confidential conditions	N
Business plans, including local delivery plans	20 years		Destroy	S
Catering forms	6 years		Destroy under confidential conditions	S
Close circuit TV images	31 days	Information Commissioner's Code of Conduct	Erase permanently	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Commissioning decisions Appeal documentation Decision documentation	6 years from date of appeal decision 6 years from date of decision		Destroy under confidential conditions	S S
Complaints (See also litigation dossiers) Correspondence, investigation and outcomes Returns made to DH	8 years from completion of action Files closed annually and kept for 6 years following closure NB: Current policy on the handling of complaints is under review and further guidance will be issued in due course		Destroy under confidential conditions	C
Copyright declaration forms (Library Service)	6 years	Copyright, Designs and Patents Act 1988	Destroy under confidential conditions	N
Data Input Forms (where the data/information has been input to a computer system)	2 years		Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Diaries (office)	1 year after the end of the calendar year to which they refer		Destroy under confidential conditions	S
Exposure monitoring records	5 years from the date the record was made	Control of Substances Hazardous to Health Regulations 2002 (reg. 10(5))	Destroy under confidential conditions	S
'Find-a-Doc' records (kept by PCT's) contact sheets and letters assignment cases/letters records of negotiations with GMS contract managers re: patient registration with a GP	6 months 2 years 2 years		Destroy under confidential conditions	N
Flexi working hours (personal record of hours actually worked)	6 months		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Freedom of Information requests	3 years after full disclosure; 10 years if information is redacted or the information requested is not disclosed		Destroy under confidential conditions	S
GMS1 forms (registration with GP)	3 years		Destroy under confidential conditions	S
Health and safety documentation	3 years		Destroy under confidential conditions	S
History of organisation or predecessors, its organisation and procedures (eg establishment order)	30 years		See note 1	S
Hospital services i.e. service that ECCH provides e.g. catering, hotel services	10 years		Destroy	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Incident forms	10 years		Destroy under confidential conditions	C
Indices (records management)	Registry lists of public records marked for permanent preservation, or containing the record of management of public records – 30 years  File lists and document lists where public records or their management are not covered – 30 years		See note 1  Destroy under confidential conditions	S  S
Laundry lists and receipts	2 years from completion of audit		Destroy under confidential conditions	S
Library registration forms	2 years after registration		Destroy	S
Litigation dossiers (complaints including accident/incident reports)  Records/documents relating to anyform of	10 years  Where a legal action has commenced, keep as advised by legal		Destroy under confidential conditions	S  S



TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
litigation	representatives			
Manuals – policy and procedure (administrative and clinical, strategy documents)	10 years after life of the system (or superseded) to which the policies or procedures refer		Destroy (policy documents may have archival value – see note 1)	S
Maps	Lifetime of the organisation		See note 1	S
Meetings and minutes papers of major committees and sub-committees (master copies)	30 years		See note 1	S
Meetings and minutes papers (other, including reference copies of major committees)	2 years		Destroy under confidential conditions	S
Mental Health Act Administration Records	5 years NB There is no obligation to treat this type of mental health record as being	HC(91)29 (NHS) SI 2001/3869, reg.47 (Independent Sector)	Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	<p>part of a patient's health record. There may, however, be exceptions, such as where they are required to be kept as evidence in actual or expected litigation or where they are needed by a healthcare professional in order to provide healthcare.</p> <p>Each healthcare practitioner has discretion as to the information which s/he wishes to include as part of a patient record. If in any particular case a healthcare practitioner requires a document which forms part of the mental health act administration record to be included in a patient's record (because he or she regards it as relevant to the patient's healthcare), it should then be regarded as part of the patient' health record</p>			
Mortgage documents (acquisition, transfer and disposal)	6 years after repayment		See note 1	S
Nominal rolls	6 years (maximum)		Destroy under	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			confidential conditions	
Papers of minor or short-lived importance not covered elsewhere, eg: advertising matter covering letters reminders letters making appointments anonymous or unintelligible letters drafts duplicates of documents known to be preserved elsewhere (unless they have important minutes on them) indices and registers compiled for temporary purposes routine reports punched cards other documents that have ceased to be of value on settlement of the matter involved	2 years after the settlement of the matter to which they relate		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Patient Advice & Liaison Service (PALS) records	10 years after closure of the case		Destroy under confidential conditions	N
Patient information leaflets	6 years after the leaflet has been superseded		See note 1	C
Patients' property books/registers (property handed in for safekeeping)	6 years after the end of the financial year in which the property was disposed of or 6 years after the register was closed		Destroy under confidential conditions	S
Patient Surveys (re access to services etc)	2 years		Destroy under confidential conditions	N
Phone Message Books	2 years NB Any clinical information should be transferred to the patient health record		Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Police Statements (made in the context of Accident and Emergency episodes. Statements are requested by the Police to the A&E staff in relation to alleged injuries of or by patients coming through A&E)	10 years (congruent retention period as Incident Forms)		Destroy under confidential conditions	N
Press cuttings	1 year		Destroy (where bound volumes exist, see note 1)	S
Press Releases	7 years		see note 1	N
Project files (over £100,000) on termination, including abandoned or deferred projects	6 years		See note 1	S
Project files (less than £100,000) on termination	2 years		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Project team files (summary retained)	3 years		Destroy under confidential conditions	S
Public Consultations e.g. about future provision of services	5 years		Destroy under confidential conditions	N
Quality and Outcomes Framework (QOF) documents (GP Practice records)	2 years		Destroy under confidential conditions	N
Quality assurance records (eg Healthcare Commission, Audit Commission, King's Fund Organisational Audit, Investors in People)	12 years		Destroy under confidential conditions	S
Receipts for registered and recorded mail	2 years following the end of the financial year to which they relate		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Records documenting the archiving, transfer to public records archive or destruction of records	30 years		See note 1	S
Records of custody and transfer of keys	2 years after last entry		Destroy under confidential conditions	S
Reports (major)	30 years		See note 1	S
Requests for access to records, other than Freedom of Information or subject access requests	6 years after last action		Destroy under confidential conditions	S
Requisitions	18 months		Destroy under confidential conditions	S
Research ethics committee records	3 years from date of decision		See note 1	C



TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Serious incident files	30 years		See note 1	S
Specifications (eg equipment, services)	6 years	Limitation Act 1980	Destroy under confidential conditions	S
Statistics (including Korner returns, contract minimum data set, statistical returns to DH, patient activity)	3 years from date of submission		Destroy	S
Subject access requests (DPA and AHR)- records of requests	3 years after last action		Destroy under confidential conditions	S
Surgical appliances forms AP 1, 2, 3 and 4	2 years from completion of audit		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Time sheets (relating to a Group or Department e.g. Ward where the timesheets are kept as a tool to manage resources, staffing levels)	6 months		Destroy under confidential conditions	N
<b>BIOMEDICAL ENGINEERING</b>				
Sterilix Endoscopic Disinfector Daily Water Cycle Test,	11 years	Consumer Protection Act 1987	Destroy under confidential conditions	N
Sterilix Endoscopic Disinfector Daily Water Purge Test, Nynhydrin Test	11 years	Consumer Protection Act 1987	Destroy under confidential conditions	N
<b>ESTATES/ENGINEERING</b>				
Buildings and engineering works, including major projects abandoned or deferred – key				

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
records (eg final accounts, surveys, site plans, bills of quantities)	30 years		See note 1	S
Buildings and engineering works, including major projects abandoned or deferred – town and country planning matters and all formal contract documents (eg executed agreements, conditions of contract, specifications, 'as built' record drawings, documents on the appointment and conditions of engagement of private buildings and engineering consultants)	30 years		See note 1	S
Buildings – papers relating to occupation of the building (but not health and safety information)	3 years after occupation ceases	Construction Design Management Regulations 1994	Destroy under confidential conditions	S
Deeds of title	Retain while the organisation has ownership of the building unless a Land Registry certificate has been issued, in which case the deeds should be placed in an archive		See note 1	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	If there is no Land Registry certificate, the deeds should pass on with the sale of the building			
Drawings – plans and buildings (architect signed, not copies)	Lifetime of the building to which they relate		See note 1	S
Engineering works – plans and building records	Lifetime of the building to which they relate		See note 1	S
Equipment – records of non-fixed equipment, including specification, test records, maintenance records and logs	11 years If the records relate to vehicles (ambulances, responder cars, fleet vehicles etc) and where the vehicle no longer exists, providing there is a record that it was scrapped, the records can be destroyed	Consumer Protection Act 1987	Destroy under confidential conditions	N
Inspection reports (eg boilers, lifts)	Lifetime of installation If there is any measurable risk of a liability in respect of installations beyond their operational lives, the		See note 1	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	records should be retained indefinitely			
Inventories of furniture, medical and surgical equipment not held on store charge and with a minimum life of 5 years	Keep until next inventory		See note 1	C
Inventories of plant and permanent or fixed equipment	5 years after date of inventory		See note 1	S
Land surveys/registers	30 years		See note 1	S
Leases – the grant of leases, licences and other rights over property	Period of the lease plus 12 years	Limitation Act 1980	Destroy under confidential conditions	S
Maintenance contracts (routine)	6 years from end of contract		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Manuals (operating)	Lifetime of equipment		Review if issues (eg HSE) are outstanding	S
Medical device alerts	Retain until updated or withdrawn (check MHRA website)	<a href="http://www.mhra.gov.uk">www.mhra.gov.uk</a>	Destroy under confidential conditions	S
Photographs of buildings	30 years		See note 1	S
Plans – building (as built)	Lifetime of building		May have historical value – see note 1	S
Plans – building (detailed)	Lifetime of building		May have historical value (see note 1)	S
Plans – engineering	Lifetime of building		See note 1	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Property acquisitions dossiers	30 years		See note 1	S
Property disposal dossiers	30 years		See note 1	S
Radioactive waste	30 years	Radioactive Substances Act 1993	See note 1	S
Site files	Lifetime of site		See note 1	S
Structure plans (organisational charts) i.e. the structure of the building plans	Lifetime of building		See note 1	C
Surveys – building and engineering works	Lifetime of building or installation		See note 1	S
<b>FINANCIAL</b>				

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Accounts – annual (final – one set only)	30 years		See note 1	S
Accounts – minor records (pass books, paying-in slips, cheque counterfoils, cancelled/discharged cheques (for cheques bearing printed receipts, see Receipts), accounts of petty cash expenditure, travel and subsistence accounts, minor vouchers, duplicate receipt books, income records, laundry lists and receipts)	2 years from completion of audit		Destroy under confidential conditions	S
Accounts – working papers	3 years from completion of audit		Destroy under confidential conditions	S
Advice notes (payment)	1.5 years		Destroy under confidential conditions	S



TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Audit records (internal and external audit) – original documents	2 years from completion of audit		Destroy under confidential conditions	N
Audit reports – internal and external (including management letters, value for money reports and system/final accounts memoranda)	2 years after formal completion by statutory auditor		Destroy under confidential conditions	N
Bank statements	2 years from completion of audit		Destroy under confidential conditions	S
Banks Automated Clearing System (BACS) records	6 years after year end		Destroy under confidential conditions	S
Benefactions (records of)	5 years after end of financial year in which ECCH monies become finally spent or the gift in kind is accepted. In cases where the Benefaction		See note 1	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	Endowment Trust fund/capital/interest remains permanent, records should be permanently retained by the organisation			
Bills, receipts and cleared cheques	6 years		Destroy under confidential conditions	S
Budgets (including working papers, reports, virements and journals)	2 years from completion of audit		Destroy under confidential conditions	S
Capital charges data	2 years from completion of audit		Destroy under confidential conditions	S
Capital paid invoices (see Invoices)				

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Cash books	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Cash sheets	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Contracts – financial	Approval files – 15 years Approved suppliers lists – 11 years		Destroy under confidential conditions	C
Contracts – non-sealed (property) on termination	6 years after termination of contract	Limitation Act 1980	Destroy under confidential conditions	S
Contracts – non-sealed (other) on termination	6 years after termination of contract	Limitation Act 1980	Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Contracts – sealed (and associated records)	Minimum of 15 years, after which they should be reviewed		See note 1	S
Contractual arrangements with hospitals or other bodies outside the NHS, including papers relating to financial settlements made under the contract (eg waiting list initiative, private finance initiative)	6 years after end of financial year to which they relate		Destroy under confidential conditions	S
Cost accounts	3 years after end of financial year to which they relate		Destroy under confidential conditions	S
Creditor payments	3 years after end of financial year to which they relate		Destroy under confidential conditions	S
Debtors' records – cleared	2 years from completion of audit		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Debtors' records – uncleared	6 years from completion of audit		Destroy under confidential conditions	S
Demand notes	6 years after end of financial year to which they relate		Destroy under confidential conditions	S
Estimates, including supporting calculations and statistics	3 years after end of financial year to which they relate		Destroy under confidential conditions	S
Excess fares	2 years after end of financial year to which they relate		Destroy under confidential conditions	S
Expense claims, including travel and subsistence claims, and claims and	5 years after end of financial year to which they relate		Destroy under confidential	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
authorisations			conditions	
Fraud case files/investigations	6 years		Destroy under confidential conditions	S
Fraud national proactive exercises	3 years		Destroy under confidential conditions	S
Funding data	6 years after end of financial year to which they relate		Destroy under confidential conditions	S
General Medical Services payments	6 years after year end		Destroy under confidential conditions	S
Invoices	6 years after end of financial year to	Limitation Act 1980	Destroy under	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	which they relate		confidential conditions	
Ledgers, including cash books, ledgers, income and expenditure journals, nominal rolls, non-exchequer funds records (patient monies)	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Non-exchequer funds records (i.e. funding received by the organisation that does not directly relate to patient care eg charitable funds)	30 years Company charities are required by company law to keep their accounts and accounting records for at least three years but the Charity Commission recommends that they be kept for at least 6 years. The majority of non-company charities must keep their accounts and accounting records for six years (Part VI Charities Act 1993).		Although technically exempt from the Public Records Act, it would be appropriate for authorities to treat these records as if they were not exempt	N
Patient Monies (i.e. smaller sums of donated money)	6 years		Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
PAYE records	6 years after termination of employment		Destroy under confidential conditions	S
Payments	6 years after year end		Destroy under confidential conditions	S
Payroll (ie list of staff in the pay of the organisation)	6 years after termination of employment		Destroy under confidential conditions  For superannuation purposes, organisations may wish to retain such records until the subject reaches benefit age	S



TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Positive predictive value performance indicators	3 years		Destroy under confidential conditions	S
Private Finance Initiative (PFI)	30 years		See note 1	S
Receipts	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Salaries (see Wages)				
Superannuation accounts	10 years		Destroy under confidential conditions	S
Superannuation registers	10 years		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Tax forms	6 years		Destroy under confidential conditions	S
Transport (staff pool car documentation)	3 years unless litigation ensues		Destroy under confidential conditions	S
ECCH documents without permanent relevance/not otherwise mentioned	6 years		Destroy under confidential conditions	S
Trusts administered by Strategic Health Authorities (terms of)	30 years		See note 1	S
VAT records	6 years after end of financial year to which they relate		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Wages/salary records	10 years after termination of employment		Destroy under confidential conditions  For superannuation purposes, organisations may wish to retain such records until the subject reaches benefit age.	S
<b>IM &amp; T</b>				
Documentation relating to computer programmes written in-house	Lifetime of software		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Software licences	Lifetime of software		Destroy under confidential conditions	S
<b>OTHER</b>				
Chaplaincy records	2 years		May have archival value – see note 1	S
Contractor Applications (Doctors, Dentists, Opticians & Pharmacists)	6 years after end of contract for approvals 6 years for non-approvals.		Destroy under confidential conditions	N
Contractor Records (e.g. Ophthalmic Opticians, Ophthalmic Medical Practitioners, Pharmacists, Pharmacy Premises, General Optical Council amendments to the register, Previous Pharmacy rotas and supporting information (prior to 2005 – new regulations), Copies of previous Pharmacy and	7 years	NHS (General Ophthalmic Services) Regs 1986: A contractor shall keep a proper record in respect of each patient to whom he provides general ophthalmic services, giving appropriate	Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
<p>Ophthalmic local lists, Correspondence relating to pharmacies supplying oxygen and visiting Residential/Nursing homes (prior to new regulations)</p>		<p>details of sight testing.</p> <p>Subject to paragraph 8(5) a contractor shall retain all such records for a period of seven years, and shall during that period produce them when required to do so by ECCH or the Secretary of State.</p> <p>Follow link below for more detail</p> <p><a href="http://www.dh.gov.uk/assetRoot/04/10/12/42/04101242.pdf">http://www.dh.gov.uk/assetRoot/04/10/12/42/04101242.pdf</a></p>		
<p>Doctors Postgraduate Educational Allowance/ Personal Development Plan files and supporting general correspondence – Records kept by PCT's</p>	<p>GP Seniority (prior to 2004 – new regulations)</p>	<p>NHS(General Ophthalmic Services) Regs 1986:</p> <p>A contractor shall keep a proper record in respect of each patient to whom he provides general ophthalmic services, giving appropriate details of sight testing.</p> <p>Subject to paragraph 8(5) a contractor shall retain all such</p>	<p>Destroy under confidential conditions</p>	<p>N</p>

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
		<p>records for a period of seven years, and shall during that period produce them when required to do so by ECCH or the Secretary of State.</p> <p>Follow link below for more detail</p> <p><a href="http://www.dh.gov.uk/assetRoot/04/10/12/42/04101242.pdf">http://www.dh.gov.uk/assetRoot/04/10/12/42/04101242.pdf</a></p>		
Family Health Service Appeals Authority tribunal and case files	<p>Case files – 10 years</p> <p>Decision records – until individual’s 80th birthday</p>		<p>See note 1</p> <p>Destroy under confidential conditions</p>	S
GP retirements/moved away	<p>6 years after individual leaves service, at which time a summary of the file must be kept until the individual’s 70th birthday</p>		See note 1	N
<p>Research and development (organisation)</p> <p>i.e. all the organisation’s records associated</p>	30 years	Medical Research Council	See note 1	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
with research and development and not individual trial records or information on patients.				
<b>PERSONNEL/HUMAN RESOURCES</b>				
<b>NB</b> Both medical staff records and agency locums staff records should be treated as personnel records and retained accordingly.				
Consultants (records relating to the recruitment of)	5 years	NHS (Appointment of Consultants) Regulations, good practice guidelines, page 11, para. 5.3 <a href="http://www.dh.gov.uk/assetRoot/04/10/27/50/04102750.pdf">http://www.dh.gov.uk/assetRoot/04/10/27/50/04102750.pdf</a>	Destroy under confidential conditions	S
CVs for non-executive directors (successful applicants)	5 years following term of office		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
CVs for non-executive directors (unsuccessful applicants)	2 years		Destroy under confidential conditions	S
Duty rosters i.e. organisation or departmental rosters, not the ones held on the individual's record.	4 years after the year to which they relate		Destroy under confidential conditions	N
Industrial relations (not routine staff matters), including industrial tribunals	10 years		Destroy under confidential conditions	S
Job advertisements	1 year		Destroy	S
Job applications (successful)	3 years following termination of employment		Destroy under confidential conditions	S
Job applications (unsuccessful)	1 year		Destroy under	S



TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			confidential conditions	
Job descriptions	3 years		Destroy under confidential conditions	S
Leavers' dossiers	<p>6 years after individual has left</p> <p>Summary to be retained until individual's 70th birthday or until 6 years after cessation of employment if aged over 70 years at the time.</p> <p>The summary should contain everything except attendance books, annual leave records, duty rosters, clock cards, timesheets, study leave applications, training plans</p>	<p>The 6 year retention period is to take into account any ET claims, or EL claims that may arise after the employee leaves NHS employment, requests for information from the NHS pensions agency etc. Claims of this nature can include periods of up to 6 years or more prior to the claim and where evidence could be needed from a number of sources, it is appropriate to retain as much as possible from the original file.</p>	<p>Destroy under confidential conditions</p> <p>See note 1</p>	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Letters of appointment	6 years after employment has terminated or until 70th birthday, whichever is later		Destroy under confidential conditions	S
Nurse training records (from hospital-based nurse training schools prior to the introduction of academic-based training)	30 years		See note 1	N
Pension Forms (all)	7 years	HMRC Technical Pension Notes for registered pension schemes under regulation 18 of SI2006/567 – ‘RPSM12300020 – Scheme Administrator Information Requirements and Administration for General Retention of Records’	Destroy under confidential conditions	N
Personnel/human resources records –major (eg personal files, letters of appointment, contracts, references and related correspondence, registration authority forms, training records, equal opportunity monitoring)	6 years after individual leaves service, at which time a summary of the file must be kept until the individual’s 70th birthday	The 6 year retention period is to take into account any ET claims, or EL claims that may arise after the employee leaves NHS employment, requests for	See note 1	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
<p>forms (if retained)) NB Includes locum doctors</p>	<p>Summary to be retained until individual's 70th birthday or until 6 years after cessation of employment if aged over 70 years at the time.</p> <p>The summary should contain everything except attendance books, annual leave records, duty rosters, clock cards, timesheets, study leave applications, training plans</p>	<p>information from the NHS pensions agency etc. Claims of this nature can include periods of up to 6 years or more prior to the claim and where evidence could be needed from a number of sources, it is appropriate to retain as much as possible from the original file.</p>		
<p>Personnel/human resources records – minor (eg attendance books, annual leave records, duty rosters (i.e. duty rosters held on the individual's record not the organisation or departmental rosters), clock cards, timesheets (relating to individual staff members)) NB Includes locum doctors</p>	<p>2 years after the year to which they relate</p>		<p>Destroy under confidential conditions</p>	<p>N</p>
<p>Staff car parking permits</p>	<p>3 years</p>		<p>Destroy under confidential conditions</p>	<p>S</p>

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Study leave applications	5 years		Destroy under confidential conditions	S
Timesheets (for individual members of staff)	<p>2 years after the year to which they relate</p> <p>NB Timesheets (for all individuals including locum doctors) held on the personnel record are minor records – retain for 2 years.</p> <p>Timesheets held elsewhere – i.e. on the ward retain for 6 months (as the master timesheet is held on the personnel file)</p>		Destroy under confidential conditions	N
Training plans	2 years		Destroy under confidential conditions	S
<b>PURCHASING/SUPPLIES</b>				

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Approval files (contracts)	6 years after end of the year the contract expired		Destroy under confidential conditions	S
Approved suppliers lists	11 years	Consumer Protection Act 1987	Destroy under confidential conditions	S
Delivery notes	2 years after end of financial year to which they relate		Destroy under confidential conditions	S
Products (liability)	11 years	Consumer Protection Act 1987	Destroy under confidential conditions	S
Stock control reports	18 months		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Stores records – major (eg stores ledgers)	6 years		Destroy under confidential conditions	S
Stores records – minor (eg requisitions, issue notes, transfer vouchers, goods received books)	18 months		Destroy under confidential conditions	S
Supplies records – minor (eg invitations to tender and inadmissible tenders, routine papers relating to catering and demands for furniture, equipment, stationery and other supplies)	18 months		Destroy under confidential conditions	S
Tenders (successful)	Tender period plus 6 year limitation period	Limitation Act 1980	Destroy under confidential conditions	S
Tenders (unsuccessful)	6 years	Limitation Act 1980	Destroy under confidential	S



TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			conditions	

## Appendix 3

### Copying Letters to Patients

Patients have a right to be able to receive copies of clinicians' letters about them. To enable safe compliance of this requirement the following standards will be adopted:

1. Patients will be asked, at initial assessment and at regular intervals thereafter, to identify whether they would like to receive a copied letter and in what format.
2. All clinical correspondence will contain the patient's NHS Number
3. Letters that contain identification of a third party also require the consent of that party before the information is released.
4. Letters that should be copied to patients include:
  - Letters or form of referral
  - Letters from NHS health professionals to other agencies
  - Letters to Primary Care, hospital consultants or other professionals
5. Letters should not be copied:
  - When a patient does not want a copy
  - Where the clinician feels that it may cause harm to the patient e.g.: child protection or mental health issues
  - Where the letter includes information about a third party who has not given consent
6. The patient must consent to receiving the letter and the person responsible for generating the letter should for ensuring provision is made for obtaining that consent.
7. Clinical staff will avoid unnecessary technical terminology. If necessary, the content of the letters will be explained to patient and this explanation documented.
8. When the patient has identified they would like to receive copies of letters, this will be recorded in the patient's record.
9. For those patients identifying they wish to receive copies of letters, it will be documented that a copy of the letter has been sent to the patient.



## **Appendix 4**

### **Conventions Associated with Electronic Records Management**

#### **Introduction:**

The principles for naming, labelling and structuring records should be used for the management of electronic records. The purpose of good Records Management in the working environment is to:

- **establish and maintain a structure through which records are kept**
- **enable authorised colleagues to access records**
- **enable the fulfilment of legal and operational requirements**
- **prepare records for long-term storage / archives by labelling them whilst they are current, using current knowledge and expertise**

It is the responsibility of senior management, in conjunction with their staff, and mindful of the organisation's policy, to determine the ways in which records generated by the department will be named and catalogued.

Conventions for names, standard terms, filing structures and cataloguing systems must be the same across all records irrespective of format. However, the following points should be considered with regard to electronic records.

#### **Naming conventions: documents and folders**

Conventions for naming electronic documents must be co-coordinated with those for naming electronic folders, so that a document title does not contain information already present in the folder in which it is filed. Naming conventions must strike a balance between keeping titles short **and** keeping titles useful; using specific titles **and** grouping items under broader titles

Document creators, dates of creation and modifications including version numbers, must make up the composition of the a document title. In addition the aforementioned information must also be reflected throughout a documents be using footers.

#### **Principles of naming conventions:**

- **Names should be kept clear and as brief as possible**
- **Easy to introduce, follow and extend**
- **Logical, consistent and easy to remember**

#### **Standard terms:**

Standard terms and forms of name must be used wherever it is sensible to do so. This should apply to:

- **Names of organisations, departments and people (job titles)**
- **Names of projects, functions, activities**
- **Document types, topics**

**Standard phrases should be:**

- **Sensible and short**
- **standardized across the organisation and preferably in common use**
- **be whole words; avoid acronyms, abbreviations**

**Length and readability in titles and pathways**

In the electronic environment, folder structures tend to contain more folders each containing fewer documents than occurs in the paper environment. This can lead to a greater depth in the folder structure itself. The length of folder (and document) titles can become an issue where a long pathway is built up through the folder hierarchy. In most cases, an average of about 16 - 20 characters is adequate, care must be taken to avoid repetition and redundancy. Long folder titles lead to very long pathways for an individual document, with the possible result that the relevant information is not available to the right people at the right time.

**Version control**

Consistent naming rules can link different versions of the same document, by including a version number as part of the title. This will also help to provide an audit trail for future tracking of document development; but does depend for success on disciplined use and careful tracking of versions. There is a danger of inconsistency if a document version is updated separately by different users without co-ordination, so that varying versions may exist each with different parts, but neither with all, of the full updated content. Well-developed and robust procedures must be implemented for control of document versions in a multi-user environment.

Accurate version numbers must be used to indicate the version of a document.

**Attachments**

Staff may add the following attachments to mail messages:

- **Word**
- **Excel**
- **Power Point presentations**
- **Text documents**

**Staff may not send:**

- **Executable files (applications or files containing macros)**
- **Screen savers**
- **Movie files of any description**
- **Recreational/joke attachments**
- **Any other files likely to breach the security of ECCH's or receiving sites' security**

**Patient Information/Personal Staff Information/Confidentiality**

It is not permitted to send person identifiable and/ or business confidential

information by external email unless specifically sanctioned by the ECCH's Information Governance lead. Access to other staff's email is restricted and will only be granted on written request from a Service Manager or a Director of ECCH. Person identifiable and business confidential data must not be distributed to employees who have no need to know about the information they contain.

**At no time will an employee inappropriately disclose confidential or sensitive information to any other individual or organisation, be they NHS employees or not, by means of the Internet.**

The user will not inappropriately disclose personal information about employees or patients of the ECCH to any individual via the Internet. No information that could be used to identify a specific individual will be passed via the Internet, i.e. demographics, NHS Numbers, National Insurance numbers or similar, unique sets of symptoms or unique sets of personal circumstances.

### **Employee Privacy**

Employees cannot expect any email messages composed, received or sent on the ECCH's networks to be for private viewing only. In order to protect ECCH action from inappropriate material being circulated all mail is automatically scanned. Should a problem be suspected the message will be marked for human intervention. This may mean the mail is read in-transit. Employees should understand that this is common business practice and will almost certainly also occur at the receiving end.

***Penalties for breach of this policy or the common law will result in disciplinary action being considered***

## **Appendix 5**

### **The Archive and Retrieval of Corporate Records: Protocol**

Access to CAS Clark archiving services is controlled by Estates & Facilities – all requests for access must be made via [ecch.estatesandfacilitieshelp@nhs.net](mailto:ecch.estatesandfacilitieshelp@nhs.net)

#### Required Information

Name: Joe Blogs  
Site: Hamilton House  
Email Address: [j.blogs@nhs.net](mailto:j.blogs@nhs.net)  
Password: Password of your choice  
Access Level: ECCHTH Therapies (Physio etc.)  
ECCHCH Community Hospitals  
ECCHSG Safeguarding  
ECCHFI Finance  
ECCHSL Speech & Language Therapy  
ECCHHR Human Resources

Estates will obtain from CAS Clark a username, which will be emailed to you with a copy of the instructions: - latest version:



CAS Prostore Manual  
EV 2019.pdf

1. Label each box with the corresponding label from CAS – Each label will have its own identification number e.g. TH10123 (Label ordering guidance below.)

Subgroup: Physio  
Period: 2017 - 2018  
Description: Referrals, A – Z

2. NOTE: Keep your own record for each box number including details of what is within. (If you need to recall a box you will have to refer to your own records.)
3. Once all sections have been completed add each box to the “Basket”.
4. (Check your basket to ensure all boxes you want collecting are listed.)
5. Ensure that each box is closed securely for transport.
6. From your basket select “process basket” where you will be able to edit/update your delivery/collection details. Complete your site information and select delivery type – standard.
7. NOTE: Collections/deliveries for ECCH are every Tuesday.
8. Please ensure, where necessary you include special instructions e.g. If your site does not open until 10am.
9. To complete click “Submit request”

#### TO ORDER MORE BOXES, LABELS or SACKS

Email: [boxtransfer@archive-storage.com](mailto:boxtransfer@archive-storage.com)

Please specify the number of boxes and/or labels required, in multiples of 10 and confirm delivery address.

FORGOTTEN PASSWORD or LOG-IN  
Email: [ecch.estatesandfacilitieshelp@nhs.net](mailto:ecch.estatesandfacilitieshelp@nhs.net)

For Deceased Patient Records Prior to 1/1/2000  
Ancora

For advice and guidance on archiving electronic files please contact the IT  
Service Desk on either 01502 719 550 or [N&W-  
ECCH.ITServiceDesk@nhs.net](mailto:N&W-ECCH.ITServiceDesk@nhs.net)

## **Appendix 6**

### **Protocol for the Permanent Disposal of Records**

In line with organisational policy, all directorates must keep comprehensive catalogues that detail the nature of records placed into off-site storage.

When the date for permanent disposal falls due, Norfolk Storage Equipment will return records to the ECCH in order that the contents may be checked and final authorisation made to dispose. In the interests of governance, two signatures must authorise disposal, one of which must be the director with ultimate ownership of the records in question. At the time of writing (March 2010) the following signatories have been notified to Archive Logistics as having the requisite authority in the following directorates. No crossing of signatories is permitted between directorates: e.g. the Director of Corporate Affairs may not countersign, with the Deputy Director of Finance, the disposal of financial records; this must be done by the Deputy Director of Finance in conjunction with the Director of Finance alone.

<b>Commissioning Directorate</b>	<b>Notified Authorised Signatories</b>
Commissioning & Performance	Harper Brown Alison Taylor
Corporate Affairs (includes CEO's office)	Harper Brown Kate Gill
Finance	Alison Taylor Anne Hogarth
Information	David Boakes Jenny Harrowing
Public Health	Alistair Lipp Sarah Barnes

#### **Provider Services**

District Nursing  
Family Planning  
Health Visiting  
Human Resources  
In-Patient care  
Occupational Therapy  
Physiotherapy  
Podiatry

For advice and guidance on the permanent disposal of electronic files please contact the IT Service Desk on either 01502 719 550 or [N&W-pct.ITServiceDesk@nhs.net](mailto:N&W-pct.ITServiceDesk@nhs.net)

## Appendix 7

### The Safe Disposal of Confidential Waste: Protocol\*

The Freedom of Information Act 2000 (FOI) confers a responsibility on public authorities to store and make available, subject to certain exemptions contained within the Act, information that they generate. Virtually everything that the ECCH does, pending any request for release under the terms of the Act, should be regarded as information in confidence.

Staff in all disciplines keep prime files both in order to discharge daily business properly and meet the organisation's responsibilities under FOI, and the retention and disposal of these prime documents is the subject of this policy. However, in order to facilitate meetings many **copies** of documents are made and circulated to committee members. It is copies of documents such as these committee papers that will form confidential waste if members feel no lasting need to construct files of their own on any given subject.

#### Confidential waste does *not* include, for example:

- **copies of Board papers – they are already in the public domain; they do not need to go into confidential waste bins**
- **blank sheets of paper**
- **desk calendars**
- **ECCH telephone lists**

The great majority of confidential waste, as referred to in this appendix, is generated by staff working at ECCH headquarters.

Locked blue bins are provided for the safe disposal of this ad-hoc confidential waste, which are removed on a weekly basis and the contents destroyed by Confidential Data Shredding Services.

Metal tags, paperclips, and staples should be removed from documents before placing them in Confidential Waste bins.

Staff who identify a need for a similar facility at sites other than headquarters are asked to discuss their needs with the Office Manager at Beccles HQ - Telephone 01502 719500, who will make the necessary arrangements.

**\*NB: Clearly, patients' records, in use at a great many of the ECCH's premises, are confidential, but their safe disposal will ordinarily be governed by the retention schedules earlier referred to within the policy, following a period of archiving**

***See also Appendix 8 for the management of electronic records***

## **Appendix 8**

### **Management of Electronic Records**

#### **1 Introduction**

1.2 An electronic records management system is the only viable way to gain control over the number of records in existence and those being created on a daily basis. The physical records file room, while still in existence, is being replaced by the virtual records file room, which is actually thousands of desktops, network storage devices, and portable media.

1.3 This Appendix concentrates on the management of electronic records, recommending the controls by which the principles expressed below can be made concrete and achievable by defining what needs to be done. The structure broadly follows the natural lifecycle of the record. It addresses five topics:

- the need for procedures and how these can be developed from policy
- creation and capture of electronic documents into record-keeping systems
- keeping and management of electronic records within record-keeping systems
- inventory control, appraisal, selection and disposal of electronic records
- long-term and permanent preservation, and transfer to appropriate archives.

1.2 Effective electronic records management works hand-in-hand with effective records management to achieve common aims. It does so by creating a closer fit between user behaviour in handling information, record-keeping requirements and organisational development, and in demonstrating the value which electronic records add to the enterprise and to government as a whole. Records management is concerned with gaining control over the recorded information which any institution needs to do business – and is therefore vital to the continuing success ECCH.

#### **2. Principles**

2.1 Electronic records must be maintained to ensure that the content, context and structure is accessible, comprehensible and managed for as long as record keeping requirements determine.

2.2 ECCH should protect its electronic records from inappropriate or unauthorised access.



- 2.3 Electronic records must be maintained for as long as record keeping requirements determine, without loss of information. appropriate.
  - 2.4 For so long as the data or may be required by ECCH, electronic records must be backed-up at appropriate intervals and that back-up stored securely in such a manner as to be readily available in the event it is needed to effect recovery
  - 2.5 Electronic records of continuing value should be migrated through successive upgrades of hardware and software in such a way as to retain the context, content and structure and the integrity of the electronic records created in earlier systems, utilising approved technological standards.
  - 2.6 Electronic records must be disposed of in a secure manner when no longer required to ensure they cannot be restored, recovered or recreated
3. Procedures & Practices
    - 3.1 Access
      - 3.1.1 Access to electronic records will be managed in accordance with the relevant ECCH Policies and standards, including this Policy.
      - 3.1.2 Access will be restricted to appropriately authorised individuals.
      - 3.1.3 Where appropriate, electronic records will be protected by appropriate encryption in accordance with NHS standards.
    - 3.2 Retention
      - 3.2.1 Electronic records will be retained in accordance with the specific requirements to be found in Appendix 2 to this Policy.
    - 3.3 Back-up & Archiving
      - 3.3.1 Computer systems will be backed-up to appropriate electronic media at prescribed intervals in accordance with user needs, based on an agreed Recovery point Objective (RPO).
      - 3.3.2 Back-up will be securely stored at a location where the media can be accessed in the event of a serious disruptive incident denying access to data processing facilities.
      - 3.3.3 Electronic records no longer required on a day-to-day basis but still within the retention period prescribed in Appendix 2 will be copied to a secure archive for long-term storage.
    - 3.4 Data Compatibility
      - 3.4.1 Stored and archived data will be maintained in such a manner as to ensure compatibility with the current hardware and software configuration of ECCH IT systems.
    - 3.5 Disposal

- 3.5.1 Care must be taken to ensure that, where more than one copy of a record may exist, all copies are destroyed at the same time, including both primary and working copies.
- 3.5.2 Electronic records will be disposed of in such a manner as to ensure:
- Records are not permanently erased before the retention date specified in accordance with Appendix 2 of this Policy
  - Electronic information is appropriately authorised for disposal
  - Once destroyed, data cannot be restored or recreated by any means.

For advice and guidance on backing-up or disposing of electronic files please contact the IT Service Desk on either 01502 719 550 or [N&W-ECCH.ITServiceDesk@nhs.net](mailto:N&W-ECCH.ITServiceDesk@nhs.net)

#### 4. Audit Trails

4.1 Where appropriate, electronic records will be supported by audit trails according to the risks associated with specific data. These will record details of all additions, changes, deletions and viewings. Typically, the audit trail will include information on:

- who – identification of the person creating, changing or viewing the record;
- what – details of the data entry or what was viewed;
- when – date and time of the data entry or viewing; and
- where – the location where the data entry or viewing occurred.

4.1 Audit trails are important for legal purposes as they enable the reconstruction of records at a point in time. Without its associated audit trail, there is no reliable way of confirming that an entry is a true record of an event or intervention.

**Appendix 9  
Equality and Diversity: Impact Assessment Tool**

<b>Name of Document* -</b>	Records Management Policy & Procedure
<b>Manager Leading the Assessment -</b>	Information Security Specialist
<b>Date of Review –</b>	February, 2011

\*Document in this form refers to a Policy/Procedure or Service

**Stages of Assessment**

- **identify the aims of the policy/procedure/service**
- **consider the available data/research that would demonstrate any likely impact (could result from work at a national level)**
- **assess any likely impact**
- **consider the alternatives**
- **consult formally**
- **decide whether to adopt the policy**
- **make monitoring arrangements**
- **publish assessment results (undertaken by the Head of Corporate Development)**

<p><b>Please state briefly the aims of the document under review:</b></p> <p>Provide guidance on the management of paper and electronic records</p>
<p><b>Is there a known public concern regarding the content of the document?</b></p> <p>There is public concern that clinical data should have integrity; be available when needed and should remain confidential</p>
<p><b>Describe how this document is likely to affect any vulnerable groups:</b></p> <p>N/A</p>

**Describe the information or data available to show the impact of this document:**

N/A

**Describe the results of any internal consultation including details of consultation mechanisms:**

N/A

**Describe how the views of any external consultative and community groups have been obtained**

N/A

**Explain in detail the views of the relevant consultative and community groups:**

N/A

**Describe the result/outcome of any external consultation and the way in which the views expressed have influenced the development of the document:**

N/A

## Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

### Adverse Impact Identified?

Age	No*
Disability	No*
Gender reassignment	No*
Marriage and civil partnership	No*
Pregnancy and maternity	No*
Race	No*
Religion or belief	No*
Sex	No*
Sexual Orientation	No*

\* Delete as applicable and summarise the impact this policy/procedure/service has on the particular community minority group, considering the following points:

- can this adverse impact be justified?
- can the policy/procedure be changed to remove the adverse impact?

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome?

N/A

What changes, if any, need to be made in order to minimise unjustifiable adverse impact?

none

Do you recommend that the PCT adopts this document? YES

A copy of this Assessment Tool should be retained by the manager responsible for leading the future review of the policy/procedure.

A second copy should be forwarded to the Corporate Business Manager to facilitate the reporting of activity to the Board.