

Information Governance

IG3 - Records Management Policy

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Document Control Sheet

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<p><i>This document is to be read in conjunction with the following documents:</i> <i>Information Governance Policy</i> <i>Acceptable Use Policy</i> <i>Secure Transfer of Information Procedure</i></p>			

Version Control

Version	Date	Brief description of change
V0.1		<i>Amendments to reflect CSU management of CCG Information Governance</i>
V0.2	June 13	<i>Review and reformatting</i>
V0.3	August 13	<i>Amendments made by North Manchester CCG Corporate Governance Committee</i>
V0.4	October 13	<i>Further amendments made and approved by North Manchester CCG</i>
V1.0	October 13	<i>Corporate Services Team – Information Governance Policies and Procedures Development and Implementation sign off</i>
V1.1	February 14	<i>CSU IG Team reviewed all policies to look at merging some together. These amendments reflect this.</i>
V2	March 17	<i>Amendments made as per new code of practice and findings from internal audits.</i>

V2.1	March 2017	New NHS Manchester CCG Logo
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PLEASE NOTE: the formally approved copy of this document is held on North, Central and South CCG's website. Printed copies or electronic saved copies must be checked to ensure they match the current online version.

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1.0	Policy Statement
1.1	North, Central and South Manchester Clinical Commissioning Group (hereafter referred to as the CCG or organisation) organisational 'constitution' is a nationally approved document, which outlines the fundamental principles that govern how a CCG functions as stipulated by ' <i>The National Health Service under the Health and Social Care Act (2012)</i> '.
1.2	These rules, collectively, make up (<i>i.e. constitute</i>) what the CCG is required to do. Therefore, when these principles are written into a single document, that document is said to embody a 'written' constitution and henceforth is a recognised legal code by which the CCG will be held accountable.
1.3	By virtue of its constitution, the CCG has developed a set of documented principles, to which it is legally accountable to, and therefore, each principal requires a specific set of rules and procedures to guide its decisions and ensure documented evidence of the outcomes is maintained.
2.0	Introduction
2.1	The purpose of this policy is to establish a framework for: 'the creation and management of authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required...' (ISO 15489-1:2002, clause 6.2) and provide guidance to CCG staff on records management.
2.2	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 lifecycle to their eventual disposal. These can include corporate, financial, personal or research records.
2.3	The Records Management: NHS Code of Practice has been published by the Department of Health 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.
2.4	The CCG's 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 the CCG 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.
2.5	The CCG is committed to on-going improvement of its records management functions as it believes that it will gain a number of organisational benefits from so doing. These include: <ul style="list-style-type: none"> • Better use of physical server space

	<ul style="list-style-type: none"> • Better use of staff time • Improved control of valuable information resources • Compliance with Data Protection legislation and standards • Reduced costs • Better use of the CCG's Information Asset Register.
2.6	This policy sets out a framework within which the staff responsible for managing the CCG's 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.
3.0	Purpose
3.1	This policy applies to those members of staff that are directly employed by the CCGs and for whom the CCG have legal responsibility, including all third parties and others authorised to undertake work on behalf of the CCG. For those staff covered by a letter of authority/honorary contract or work experience the CCG's policies are also applicable whilst undertaking duties for or on behalf of the CCGs.
3.2	This policy relates to all clinical and non-clinical operational records held in any format by the CCG.
3.3	<p>The aims of records management are to ensure that:</p> <ul style="list-style-type: none"> • records are available when needed - from which the CCG 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, 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 preservation of records with archival value; • staff are trained - so that all staff are made aware of their responsibilities for record-keeping and record management.

3.4	<p>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. At the same time record management serves the operational needs of the CCGs and preserves appropriate historical records. The key components of records management are:</p> <ul style="list-style-type: none"> • Record creation • Record keeping • Record maintenance (including tracking of record movements) • Access and disclosure • Closure and Transfer • Appraisal • Archiving and disposal.
3.5	<p>Information is a corporate asset. The CCG's records are important sources of administrative, evidential and historical information. They are vital to the CCG to support their 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.</p>
4.0 Responsibilities	
4.1	<p>Overall accountability for procedural documents across the organisation lies with the Accountable Officer who has overall responsibility for establishing and maintaining an effective document management system, for meeting all statutory requirements and adhering to guidance issued in respect of procedural documents.</p>
4.2	<p>Overall responsibility for the Records Management Policy lies with the Manchester City Wide Information Governance Manager. He/she will work with the Information Governance Team who provides records management support, advice and guidance to the CCG.</p> <p>The Information Governance Lead is responsible for:</p> <ul style="list-style-type: none"> • Assessing the current standard of record keeping; • Developing professional standards and co-ordinate and liaise with colleagues to develop best practice; • Determining the various users' business needs; • Conducting a records audit (to identify what record collections already exist and why); • Establishing access controls; • Monitoring compliance with procedures and standards in line with the requirements of the records management and information life cycle elements of the NHS Information Governance Toolkit.
4.3	<p>Senior managers are personally accountable for the quality of records management within the CCG. Business functions within the CCG have overall responsibility for the management of records generated by their activities, i.e.</p>

	<p>for ensuring that records controlled within their work area are managed in a way which meets the aims of the CCG's Records Management Policy.</p> <p>All line managers must ensure that their staff, whether administrative or clinical, are adequately trained and apply the appropriate guidelines, that is, they must have an up-to-date knowledge of the laws and guidelines concerning confidentiality and data protection.</p>
4.4	<p>The Caldicott Guardian should establish how records and information management are dealt with in their CCG. They need to ensure that appropriate policies and protocols are in place to ensure that all staff members are aware of both their corporate and individual responsibilities regarding the creation and storage of any record which may contain patient identifiable information.</p>
4.5	<p>The CCG's Senior Information Responsible Officer (SIRO) is responsible for identifying and managing the information risks to the CCGs. This includes oversight of the organisation's information security incident reporting and response arrangement.</p>
4.6	<p>Information Asset Owners (IAOs): are senior individuals who have been designated the responsibility ('ownership') of an information/ record series.</p> <p>Information Asset Owners (IAOs) are responsible for:</p> <ul style="list-style-type: none"> • Liaising with the IG team to ensure that records management practices are in line with the guidance and protocols on confidentiality. • Ensuring appropriate record audits are undertaken • Ensuring appropriate information governance/confidentiality clauses are in third party contracts relating to records management such as secondary storage, scanning companies before using the company • Ensuring appropriate consideration is given to records management within business continuity plans • Ensuring they obtain appropriate certifications of destruction • Investigate and take relevant action on any potential breaches of this policy supported by other applicable staff in line with existing procedures
4.7	<p>Information Asset Administrators (IAAs): support the IAOs to ensure that policies, procedures and processes are followed in relation to an information/ record series.</p>
4.8	<p>The CCG's Corporate Governance Committee is responsible for coordinating, publicising, implementing and monitoring the records management policy and that processes are developed, co-ordinated and monitored, reporting to the CCG Board on a regular basis.</p>
4.9	<p>All NHS employees are responsible for any records, which they create or use. This responsibility is established at, and defined by, the law (Public Records Act 1958). Furthermore, as an employee of the NHS, any records</p>

	<p>created by an employee are public records.</p> <p>All CCG staff, whether clinical or administrative, who create, receive and use records have records management responsibilities. In particular all staff must ensure that they keep appropriate records of their work in the CCG and manage those records in keeping with this policy and with any guidance subsequently produced. It is the responsibility of all staff including those on temporary or honorary contracts, agency staff and students to comply with this policy.</p>
5.0	Definitions of Terms Used
	<p>In this policy, records are defined as “recorded information, in any form, created or received and maintained by the CCG in the transaction of its business or conduct of affairs and kept as evidence of such activity.”</p> <p>A record is anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of NHS employees, including:</p> <ul style="list-style-type: none"> • Administrative records (including e.g. personnel, estates, financial and accounting records; notes associated with complaint handling); • Audio and videotapes, cassettes and CD ROMS; • Computer database, output, disks and all other electronic records; • Material intended for short term or transitory use, including notes and ‘spare copies’ of documents; • Meeting papers, agendas, formal and informal meetings including notes taken by individuals in note books and bullet points are all subject the above; • Emails – please see Acceptable Use policy on retaining emails for business use. <p>The above list is not exhaustive.</p>
	<p>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.</p>
	<p>Health Records: any record which consists of information relating to the physical or mental health of an individual and has been made by or on behalf of a health professional in connection with that care.</p>
	<p>Corporate Records: those records which relate to the corporate business of the CCG such as accounts, minutes and meeting papers and legal and other administrative documents. They may contain personal identifiable information, for example personnel files and should be treated with the same degree of care and security as patient/service user records.</p>
	<p>Records Management: is a discipline which utilises administrative systems</p>

	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 the CCG and preserving an appropriate historical record.
	Records Retention: The retention period of information is an aspect of records and information management and the records life cycle. It identifies the duration of time for which the information should be maintained or “retained”, irrespective of format (paper, electronic, or other).
	Personal Information: is factual information or expressions of opinion which relate to an individual who can be identified from that information or in conjunction with any other information coming into possession of the data holder. This also includes information collected from a professional opinion, which may rely on other information obtained. Personal information includes name, address, date of birth or any other unique identifiers such as NHS Number, Employee Number, etc. It also includes information which, when presented in combination, may identify an individual e.g. postcode, date of birth etc.
6.0	Retention and Disposal Schedules
6.1	It is a fundamental requirement that all of the CCG 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 the CCG business functions.
6.2	The CCG has adopted the retention periods set out in the Records Management Code of Practice for Health and Social Care 2016 published by the Information Governance Alliance (IGA) for the Department of Health (DH), this can be found on the following link: https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care
7.0	Records Management Systems Audit
7.1	The Information Governance Team will regularly audit the CCG’s records management practices for compliance with this policy.
7.2	The audit will: <ul style="list-style-type: none"> • Identify areas of operation that are covered by the CCG’s 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,

	<p>including obtaining feedback where the procedures do not match the desired levels of performance;</p> <ul style="list-style-type: none"> highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.
7.3	The results of audits for the CCG will be reported to the CCG Board or Committee.
8.0	Process for Approval & Ratification
8.1	The process for approval and ratification detailed in the 'Corporate Document Template and Users Guidelines Policy' has been used to develop this policy.
8.2	The Governance Committee is the committee with delegated authority for the approval and ratification of this document.
9.0	Dissemination, Training & Advice
9.1	<p>Staff will receive instruction and direction regarding the policy from a number of sources:</p> <ul style="list-style-type: none"> policy/strategy and procedure manuals; line manager; specific training course; other communication methods (e.g. team brief/team meetings); staff intranet.
9.2	Staff will be made aware of procedural document updates as they occur via team briefs, team meetings and notifications via the CCG staff intranet.
10.0	Review, Monitoring and Compliance
10.1	Performance against key performance indicators will be reviewed on an annual basis and used to inform the development of future procedural documents.
10.2	<p>This policy will be reviewed regularly and in accordance with the following as and when required.</p> <ul style="list-style-type: none"> Legislative changes Good practice Guidance; Case law Significant incident reporting New vulnerabilities Changes to organisational infrastructure Staff will receive instruction and direction regarding the policy from a number of sources.
10.3	<p>Equality Impact Assessment</p> <p>The CCG aims to design and implement services, policies and measures that</p>

	<p>are fair and equitable. As part of its development, this policy and its impact on staff, patients and the public have been reviewed in line with the CCG's legal equality duties. The purpose of the assessment is to improve service delivery by minimising and if possible removing any disproportionate adverse impact on employees, patients and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation or religion/ belief.</p> <p>An Equality Impact Assessment has been completed and has identified impact or potential impact as "no impact".</p>
11.0	References
11.1	All employees should be aware of the full range of policies relating to this policy. The key linked policies are Information Governance Policy, Information Security Policy and Confidentiality and Data Protection Policy.
11.2	<p>All NHS records are public records under the Public Records Acts. CCG 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:</p> <ul style="list-style-type: none"> • The Public Records Act 1958; • The Data Protection Act 1998; • The Freedom of Information Act 2000; • The Common Law Duty of Confidentiality; and • The NHS Confidentiality Code of Practice •
11.3	The CCG will also take action to comply with any new legislation affecting records management as it arises.

Appendix A – Retention Schedule Summary

The Quick Reference Guide

How to use the Corporate Records Retention & Disposal Schedule

1. Use the 'Category', 'Type, and 'Description' columns to **identify the records you wish to retain**, whether paper or electronic.
 2. Use the 'Minimum Retention Period' column to **establish the minimum retention period**. Calculate using the current financial year + minimum retention period. E.g. records created in May 2011 with a retention period of 6 years should be reviewed on 31st March 2018.
 3. **At the end of the appropriate minimum retention period, the records should be reviewed by a senior manager**, with knowledge of the subject area, to establish whether the records are required for further retention (e.g. where they are subject of a legal challenge or an information request), need to be archived, or destroyed under confidential conditions.
 4. **Records retained for a further retention period** should be reviewed again at the end of the further retention period by a senior manager with knowledge of the subject area to establish whether the records are required for further retention (e.g. where they are subject of a legal challenge or an information request), need to be archived, or destroyed under confidential conditions.
 5. Records deemed for **archival preservation** should be transferred to a place of deposit. The Information Management Team will advise/assist in this process.
1. Records not selected for archival preservation and which have no further business or legal requirement or historical value should be **destroyed under confidential conditions**, as appropriate

Appendix B – Full Retention Schedule from Records Management Code of Practice for Health and Social Care 2016

The Independent Inquiry into Child Sexual Abuse (IICSA) chaired by Hon. Dame Lowell Goddard has requested that large parts of the health and social care sector do not destroy any records that are, or may fall into, the remit of the inquiry. Investigations will take into account a huge range of records which may include, but are not limited to, adoption records, safeguarding records, incident reports, complaints and enquiries. Outside of this inquiry, it is also important to consider that these records are likely to require longer than the standard retention

periods given in this Code. Before any records are destroyed you are advised to check for any further update from the inquiry website at www.iicsa.org.uk.

Before considering the selection of records under the Public Records Act 1958, this should be discussed with the relevant place of deposit to take account of exceptional local circumstances and defunct record types not listed here.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
1. 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.
Adult social care records	End of care or client last seen	8 years	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Children's records including midwifery, health visiting and school nursing	Discharge or patient last seen	25 th or 26 th birthday (see Notes)	Review and if no longer needed destroy	<p>Basic health and social care retention requirement is to retain until 25th birthday or if the patient was 17 at the conclusion of the treatment, until their 26th birthday.</p> <p>Check for any other involvements that could extend the retention. All must be reviewed prior to destruction taking into account any serious incident retentions.</p> <p>This includes medical illustration records such as X-rays and scans as well as video and other formats.</p>
<p>Electronic Patient Records System (EPR)</p> <p>NB: The IGA is undertaking further work to refine the rules for record retention and to specify requirements for EPR systems</p>	See Notes	See Notes	Destroy	<p>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.</p> <p>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.</p>
General Dental Services records	Discharge or patient last seen	10 Years	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
GP Patient records	Death of patient	10 years after death - see Notes for exceptions	Review and if no longer needed destroy	<p>If a new provider requests the records, these are transferred to the new provider to continue care.</p> <p>If no request to transfer:</p> <ul style="list-style-type: none"> 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 Where a patient is known to have emigrated records may be reviewed and destroyed after 10 years If the patient comes back within the 100 years, the retention reverts to 10 years after death.
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	<p>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.</p> <p>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.</p>
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.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
2. 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	<p>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.</p> <p>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.</p> <p>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.</p>
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.
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: http://www.hfea.gov.uk/docs/General_directions_0012.pdf
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.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
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.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
3. Pharmacy The IGA are conducting further work to expand this section which will be updated in the near future. As an interim measure you can view a list of Pharmacy records and their associated retention periods and actions by clicking on this link to the NHS East and South East Specialist Pharmacy Services retention schedule .				
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: http://www.nhsbsa.nhs.uk/PrescriptionServices/1120.aspx and https://www.england.nhs.uk/wp-content/uploads/2013/11/som-cont-drugs.pdf</p> <p>The Medicines, Ethics and Practice (MEP) guide can be found at the link (subscription required): http://www.rpharms.com/support/mep.asp</p> <p>Guidance from NHS England is that locally held controlled drugs information should be retained for 7 years. NHS BSA will hold primary data for 20 years and then review.</p> <p>NHS East and South East Specialist Pharmacy Services have prepared pharmacy records guidance including a specialised retention schedule for pharmacy. Please see: http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Reports-Bulletins/Retention-of-pharmacy-records/</p>
Pharmacy prescription records. See also Information relating to controlled drugs.	Discharge or patient last seen	2 Years	Review and if no longer needed destroy	<p>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: http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Reports-Bulletins/Retention-of-pharmacy-records/</p>

Record Type	Retention start	Retention period	Action at end of retention period	Notes
4. Pathology				
Pathology Reports/Information about specimens and samples	Specimen or sample is destroyed	See Notes	Review and consider transfer to a Place of Deposit	<p>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</p> <p>https://www.rcpath.org/resourceLibrary/the-retention-and-storage-of-pathological-records-and-specimens--5th-edition-.html</p> <p>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.</p> <p>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.</p> <p>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.</p>

Record Type	Retention start	Retention period	Action at end of retention period	Notes
5. Event & Transaction Records				
Blood bank register	Creation	30 Years minimum	Review and consider transfer to a Place of Deposit	
Clinical Audit	Creation	5 years	Review and if no longer needed destroy	
Chaplaincy records	Creation	2 years	Review and consider transfer to a Place of Deposit	See also Corporate Governance 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.
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).
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	http://www.hscic.gov.uk/media/15729/DARS-Data-Sharing-Agreement/pdf/Data_Sharing_Agreement_2015v2%28restricted_editing%29.pdf
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.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Equipment maintenance logs	Decommissioning of the equipment	11 years	Review and consider transfer to a Place of Deposit	
General Ophthalmic Services patient records related to NHS financial transactions	Discharge or patient last seen	6 Years	Review and if no longer needed destroy	
GP temporary resident forms	After treatment	2 years	Review and if no longer needed destroy	Assumes a copy sent to the responsible GP for inclusion in the primary care record
Inspection of equipment records	Decommissioning of the equipment	11 Years	Review and if no longer needed destroy	
Notifiable disease book	Creation	6 years	Review and if no longer needed destroy	
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.
Patient Property Books	End of the year to which they relate	2 years	Review and if no longer needed destroy	
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.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Requests for funding for care not accepted	Date of rejection	2 years as an ephemeral record	Review and if no longer needed Destroy	
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 25 th birthday or 10 years after the child has been screened whichever is the longer.
Smoking cessation	Closure of 12 week quit period	2 years	Review and if no longer needed Destroy	
Transplantation Records	Creation	30 Years	Review and consider transfer to a Place of Deposit	See guidance at: https://www.hta.gov.uk/codes-practice
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.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
6. 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
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.
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.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
7. 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.
Birth Registers	Creation	2 years	Review and actively consider transfer to a Place of Deposit	<p>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.</p> <p>Information is also held in the NHS Birth Notification Service electronic system and by the Office for National Statistics.</p> <p>Other information about a birth must be recorded in the care record.</p>
Body Release Forms	Creation	2 years	Review and consider transfer to a Place of Deposit	
Death - cause of death certificate counterfoil	Creation	2 years	Review and consider transfer to a Place of Deposit	
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.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
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.
Mortuary Records of deceased	End of year to which they relate	10 Years	Review and consider transfer to a Place of Deposit	
Mortuary Register	Creation	10 Years	Review and consider transfer to a Place of Deposit	
NHS Medicals for Adoption Records	Creation	8 years or 25 th birthday	Review and consider transfer to a Place of Deposit	<p>The health reports will feed into the primary record held by the local authority children's services.</p> <p>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.</p>
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.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
8. Clinical Trials & Research				
For clinical trials record retention please see the MHRC guidance at https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials				
Advanced Medical Therapy Research Master File	Closure of research	30 years	Review and consider transfer to a Place of Deposit	See guidance at: https://www.gov.uk/guidance/advanced-therapy-medicinal-products-regulation-and-licensing
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 please see: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.158.01.0001.01.ENG
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	For details please see: http://ec.europa.eu/health/files/eudralex/vol-2/a/vol2a_chap1_2013-06_en.pdf
Research data sets	End of research	Not more than 20 years	Review and consider transfer to a Place of Deposit	For details please see: http://tools.jiscinfonet.ac.uk/downloads/bcs-rrs/managing-research-records.pdf
Research Ethics Committee's documentation for research proposal	End of research	5 years	Review and consider transfer to a Place of Deposit	For details please see: http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/

Record Type	Retention start	Retention period	Action at end of retention period	Notes
				<p>Data must be held for sufficient time to allow any questions about the research to be answered.</p> <p>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.</p> <p>For more significant research a Place of Deposit may be interested in holding the research.</p> <p>It is best practice to consider this at the outset of research as orphaned personal data can inadvertently cause a data breach.</p>
Research Ethics Committee 's minutes and papers	Year to which they relate	Before 20 years but as soon as practically possible	Review and consider transfer to a Place of Deposit	<p>Committee papers must be transferred to a Place of Deposit as a public record: http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/</p>

Record Type	Retention start	Retention period	Action at end of retention period	Notes
9. Corporate Governance				
Board Meetings	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	
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.
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.
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	
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
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 Act. 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.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Incidents (serious)	Date of incident	20 Years	Review and consider transfer to a Place of Deposit	
Incidents (not serious)	Date of incident	10 Years	Review and if no longer needed destroy	
Non-Clinical Quality Assurance Records	End of year to which the assurance relates	12 years	Review and if no longer needed destroy	
Patient Advice and Liaison Service (PALS) records	Close of financial year	10 years	Review and if no longer needed destroy	
Policies, strategies and operating procedures including business plans	Creation	Life of organisation plus 6 years	Review and consider transfer to a Place of Deposit	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
10. Communications				
Intranet site	Creation	6 years	Review and consider transfer to a Place of Deposit	
Patient information leaflets	End of use	6 years	Review and consider transfer to a Place of Deposit	
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
Public consultations	End of consultation	5 years	Review and consider transfer to a Place of Deposit	
Website	Creation	6 years	Review and consider transfer to a Place of Deposit	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
11. Staff Records & Occupational Health				
Although pension information is routinely retained until 100 th birthday by the NHS Pensions Agency employers must retain a portion of the staff record until the 75 th birthday.				
Duty Roster	Close of financial year	6 years	Review and if no longer needed destroy	
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.
Occupational Health Reports	Staff member leaves	Keep until 75 th birthday or 6 years after the staff member leaves whichever is sooner	Review and if no longer needed destroy	
Occupational Health Report of Staff member under health surveillance	Staff member leaves	Keep until 75 th birthday	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
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 75 th birthday, whichever is longer	Review and if no longer needed destroy	
Staff Record	Staff member leaves	Keep until 75 th 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 th birthday, whichever is sooner, if a summary has been made.
Staff Record Summary	6 years after the staff member leaves	75 th Birthday	Place of Deposit should be offered for continued retention or Destroy	Please see the good practice box Staff Record Summary used by an organisation.
Timesheets (original record)	Creation	2 years	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Staff Training records	Creation	See Notes	Review and consider transfer to a Place of Deposit	<p>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.</p> <p>The IGA recommends:</p> <ul style="list-style-type: none"> • Clinical training records - to be retained until 75th birthday or six years after the staff member leaves, whichever is the longer • Statutory and mandatory training records - to be kept for ten years after training completed • Other training records - keep for six years after training completed.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
12. Procurement				
Contracts sealed or unsealed	End of contract	6 years	Review and if no longer needed destroy	
Contracts - financial approval files	End of contract	15 years	Review and if no longer needed destroy	
Contracts - financial approved suppliers documentation	When supplier finishes work	11 years	Review and if no longer needed destroy	
Tenders (successful)	End of contract	6 years	Review and if no longer needed destroy	
Tenders (unsuccessful)	Award of tender	6 years	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
13. 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
CCTV		See ICO Code of Practice	Review and if no longer needed destroy	ICO Code of Practice: https://ico.org.uk/media/for-organisations/documents/1542/cctv-code-of-practice.pdf 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.
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	
Equipment monitoring and testing and maintenance work	Completion of monitoring or test	10 years	Review and if no longer needed destroy	
Inspection reports	End of lifetime of installation	Lifetime of installation	Review	
Leases	Termination of lease	12 years	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Minor building works	Completion of work	retain for 6 years	Review and if no longer needed destroy	
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.
Radioactive Waste	Creation	30 years	Review and if no longer needed destroy	
Sterilix Endoscopic Disinfectant Daily Water Cycle Test, Purge Test, Ninhydrin Test	Date of test	11 years	Review and if no longer needed destroy	
Surveys	End of lifetime of installation or building	Lifetime of installation or building	Review and consider transfer to Place of Deposit	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
14. 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
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. For benefactions, endowment, trust fund/legacies, offer to a Place of Deposit.
Debtor records cleared	Close of financial year	2 years	Review and if no longer needed destroy	
Debtor records not cleared	Close of financial year	6 years	Review and if no longer needed destroy	
Donations	Close of financial year	6 years	Review and if no longer needed destroy	
Expenses	Close of financial year	6 years	Review and if no longer needed destroy	
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

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Financial records of transactions	End of financial year	6 Years	Review and if no longer needed destroy	
Petty cash	End of financial year	2 Years	Review and if no longer needed destroy	
Private Finance initiative (PFI) files	End of PFI	Lifetime of PFI	Review and consider transfer to Place of Deposit	
Salaries paid to staff	Close of financial year	10 Years	Review and if no longer needed destroy	
Superannuation records	Close of financial year	10 Years	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
15. Legal, Complaints & Information Rights				
Complaints case file	Closure of incident (see Notes)	10 years	Review and if no longer needed destroy	<p>http://www.nationalarchives.gov.uk/documents/information-management/sched_complaints.pdf</p> <p>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.</p>
Fraud case files	Case closure	6 years	Review and if no longer needed destroy	
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.
FOI requests where there has been a subsequent appeal	Closure of appeal	6 years	Review and if no longer needed destroy	
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.
Litigation records	Closure of case	10 years	Review and consider transfer to a Place of Deposit	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
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	
Software licences	End of lifetime of software	Lifetime of software	Review and if no longer needed destroy	
Subject Access Request (SAR) and disclosure correspondence	Closure of SAR	3 Years	Review and if no longer needed destroy	
Subject Access Request where there has been a subsequent appeal	Closure of appeal	6 Years	Review and if no longer needed destroy	