

# Records Management and Retention Policy for Quay Primary Healthcare CIC

Document Details		
Title	<b>IG16 – Records Management and Retention Policy</b>	
Author	CIC Board	
Quay Primary Healthcare CIC ref no:	IG16	
Version	1.5	
Approval process		
Approved by	CIC Board	
Date approved	May 2018	
Lead Director	Medical Director	
Category	Information Governance	
Sub Category	Data Protection	
Next Review Date	01/07/2025	
Superseded document (If applicable)		
Distribution		
Who the policy will be distributed to	All Quay Primary Healthcare CIC Team	
Method	Email	
Version Control		
No:	Date	Amendment
1.0	01/05/2018	New Policy in line with new GDPR legislation
1.1	04/05/2020	Policy review and revision – change of organisation name
1.2	Dec 2020	Adoption of MLCSU policy
1.3	26/11/2021	Change of organisation name – Quay Primary Healthcare CIC
1.4	14/02/2023	Updated link to records management 2021
1.5	01/07/2024	Policy review
1.6		
1.7		

Document History
Document Reference:
Document Purpose: This policy sets out the expectations from all staff, including those working on behalf of Quay Primary Healthcare CIC, when creating, holding, using, retaining and disposing of records in all forms.
Date Approved:
Version Number: 1.5
Status: FINAL
Next Revision Due: July 2025
Developed by:
Target Audience: This policy applies to any person directly employed, contracted, working on behalf of Quay Primary Healthcare CIC or volunteering with Quay Primary Healthcare CIC .
Associated Documents: Information Governance Policy

## 1. Introduction

*(This Policy is linked to the Information Governance Policy)*

This retention schedule details the Minimum Retention Period for each type of health record. Records (whatever the media) may be retained for longer than the minimum period. However, records should not ordinarily be retained for more than 30 years. Where a period longer than 30 years is required (e.g. to be preserved for historical purposes), or for pre-1948 records, contact the Information Governance Manager who will discuss transfer of the information to Primary Care Support England.

Effective records management requires that Quay Primary Healthcare CIC is able to identify and retrieve information when and where it is needed. Quay Primary Healthcare CIC must have records management procedures in place that cover the creation, filing, location, retrieval, appraisal, archive, and destruction of records in accordance with the Records Management: NHS Code of Practice, and other relevant guidance and legislation.

Quay Primary Healthcare CIC's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support its daily functions and operations. They support policy formation and managerial decision-making, protect the interests of Quay Primary Healthcare CIC and the rights of patients, staff and members of the public who have dealings with Quay Primary Healthcare CIC. They support consistency, continuity, efficiency, and productivity and help to deliver services in consistent and equitable ways.

This policy relates to all records, including 'health records' - The term 'health record' applies to a record relating to the physical or mental health of a given patient/client who can be identified from that information and has been recorded by or on behalf of a health professional in connection with the care of that patient/client.

Effective records management ensures that information is properly managed and is available whenever and wherever there is a justified need for information, and in whatever media, to:

- support patient care and continuity of care
- support day-to-day business which underpins delivery of care
- support sound administrative and managerial decision making, as part of the knowledge base for NHS services
- meet legal requirements and assist in audit
- ensure decisions made can be justified or reconsidered at a later date.

Quay Primary Healthcare CIC will retain records in accordance with the NHS England and NHSX Retention Schedule found by accessing the following document:

[NHSX Records Management CoP V7.pdf \(england.nhs.uk\)](#)

The following types of records are covered in 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)

- staff records
- corporate and administrative records
- records of private patients seen on NHS premises
- Accident & Emergency, birth and all other related registers
- theatre, minor operations and other related registers
- X-ray and imaging reports, output and images
- photographs, slides and other images
- microform (i.e. microfiche/microfilm)
- audio and video tapes, cassettes, CD-ROMs, USBs etc
- e- mails
- computerised records
- scanned documents.

## 2. Scope

This policy is applicable to all Quay Primary Healthcare CIC employees and any staff under contract to Quay Primary Healthcare CIC. This policy sets out the practice that Quay Primary Healthcare CIC expects, from all staff that are directly employed by Quay Primary Healthcare CIC and for whom Quay Primary Healthcare CIC has legal responsibility. This policy is also applicable to staff on work experience, working under an honorary contract and those authorised to undertake work on behalf of Quay Primary Healthcare CIC.

This policy relates to all clinical and non-clinical operational records held in any format, by Quay Primary Healthcare CIC. They include (the list is not exhaustive):

- administrative records (including personnel, estates, financial and accounting records, contract records, litigation and records associated with complaint-handling)
- memory cards for digital devices
- records in all electronic formats, including emails, databases

Records not included are health or other records held by independent contractors and copies of documents created by other Practices such as the Department of Health, which are kept for reference and information only.

## 3. Responsibilities

Records of the NHS and its predecessor bodies are subject to the Public Records Act 1958, which imposes a statutory duty of care directly upon all individuals who have direct responsibility for any such records.

Practice employees and partner practices are reminded that records containing personal information are subject to the General Data Protection Regulation 2016 and the Data Protection Act 2018 (DPA2018/GDPR). Information containing personal; or sensitive data should be disposed of confidentially.

The Caldicott Guardian is responsible for approving and ensuring that national and local guidelines and protocols on the handling and management of personal confidential information are in place.

All Quay Primary Healthcare CIC staff are responsible for ensuring that they keep appropriate records of their work for WPC CIC and manage those records in accordance with this and other related Practice policies, maintaining the security of the records they create or use.

It is vital that everyone understands their record management responsibilities as set out in this policy. Team Managers will ensure that staff responsible for managing records are appropriately trained or experienced and that all members of staff understand the need for appropriate records management. New starters will be offered records management and confidentiality and security training as part of their mandatory induction programme.

#### 4. Legal Obligations and Standards

The key legislation and guidance supporting the Records Management policy are:

- Department of Health: Records Management NHS Code of Practice 2009
- Data Protection Act 2018
- The General Data Protection Regulation 2016
- The Access to Health Records Act 1990
- Freedom of Information Act 2000
- Public Records Acts 1958
- The Caldicott Review 2012
- The Common Law Duty of Confidentiality

#### 5. Local retention periods

When information does not fall under the listed schedules, local retention periods should be determined. The following issues should be considered:

- how often is the information used
- are retention periods for similar information in existence
- what are the consequences of that information not being available, for example, to answer complaints or queries. Remember that the NHS is not required to keep information just in case;
- who in Quay Primary Healthcare CIC will need to agree the decision.

When a local decision on retention has been made, contact your Quay Primary Healthcare CIC line manager to have the details recorded in this policy.

#### 6. Information disposal

Before destroying records, please refer to the Information Disposal Guideline (B34/2005). This document advises on the considerations required to destroy physical and electronic information such as selecting information for destruction, validating the selection and record keeping (of the records destroyed).

## 7. Requests for information

Non-personal records may be requested under the Freedom of Information Act (2000). If such a request is received, the enquiry should be forwarded to Quay Primary Healthcare CIC Information Governance lead who will deal with it appropriately. There are strict legal timeframes for processing these requests in order to be compliant with the Freedom of Information Act

Under the Data Protection legislation (DPA 2018 / GDPR2016), an individual can ask to see information held about them, either computerised or manual records; this applies to staff and patient information. If a request is received for copies of information, this should be forwarded to your Quay Primary Healthcare CIC Line Manager.

## 8. Incident Reporting

All staff have an obligation to report an incident when personal confidential information for which they are responsible for is missing or stolen. They must complete an incident reporting form and inform their line manager so that an initial investigation can be started.

Stolen records must be reported following the Incident Reporting Policy and Procedure and the Policy on reporting untoward Incidents. If the record is subsequently found, the record of the incident should be updated, and temporary files merged with the permanent record. Incidents should be reported through the Data Security and Protection Toolkit as outlined in the Information Governance Policy.

## 9. Review and Monitoring

Quay Primary Healthcare CIC Team Managers are responsible for regular monitoring of the quality of records and documentation and managers should periodically undertake quality control checks to ensure that the standards as detailed in this policy are maintained.

This policy will be reviewed every two years unless new legislation, codes of practice or national standards are introduced.

# Appendix A – Retention Schedule

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

However, records should not ordinarily be retained for more than 30 years. Where a period longer than 30 years is required (e.g. to be preserved for historical purposes), or for pre-1948 records, contact Quay Primary Healthcare CIC DPO who may discuss transfer of the information to the local Records Office.

This Appendix sets out the retention period for different types of records relating to health and care. Where indicated Appendix III should also be referred to - this sets out further detail relating to the management of specific types and formats of records.

**The following information is important to ensure the retention schedule is used correctly.** The retention periods listed in this retention schedule must always be considered the **minimum period**. With justification a retention period can be extended, for the majority of cases, up to 20 years (refer to section five of the Code). For more information, refer to R v Northumberland County Council and the Information Commissioner (23 July 2015). This provides assurance that it is legitimate to vary common practice/guidance where a well-reasoned case for doing so is made.

Retention periods begin when the record ceases to be operational. This is usually at point of discharge from care, when the record is no longer required for current on-going business, or the patient/service user has died. There are some exceptions to this rule, whereby the retention begins from the date the record is created (for Corporate Records, such as policies, the retention may start from the date of publication). These are marked with an asterisk (\*) in the schedule and may also contain further information in the notes for that entry.

If a record comes back into use during its retention period, then the retention period will reset and begin again from the end of the second period of use. This may mean that records will look as if they are being kept for longer than the retention times stated here, or even maximum periods as suggested by [law](#), but this is acceptable where retention periods reset due to use (refer to section five of the Code).

The actions following review as set out in the schedule are as follows:

**Review and destroy if no longer required** – Destroy refers to the confidential and secure destruction of the record with proof of destruction.

**Review and dispose of if no longer required** – Dispose of refers to the secure destruction of a record OR the transferal to the appointed PoD for permanent preservation. A certificate of transfer will be provided as proof of transfer (and can act as evidence of disposal). Refer to section five of the Code for further information about permanent preservation.

**Review and consider transfer to PoD** – This refers to records that are more likely to be transferred to the PoD, subject to their agreement.

**Review and transfer to PoD** – This refers to records that should be transferred to the PoD.

it is very important that any health and care records are reviewed before they are destroyed. This review should consider:

- Serious incidents which will require records to be retained for up to 20 years as set out in the schedule
- Use of the record during the retention period which could extend its retention
- Potential for long-term archival preservation. This may particularly be the case where the records relate to rare conditions such as Creutzfeldt-Jakob Disease records or innovative treatments e.g. new cancer treatments.

## CARE RECORDS

Record Type	Retention Period	Disposal Action	Notes
Adult health records not covered by any other section in this schedule (includes medical illustration records such as X-rays and scans as well as video and other formats. Also includes care plans)	8 years	Review and consider transfer to PoD	Records involving pioneering or innovative treatment may have archival value. Also refer to Appendix III - ambulance service records.
Adult Social Care Records (including care plans)	8 years	Review and destroy if no longer required	
Children's records (including Midwifery, health visiting and school nursing) - can include medical illustrations, as well as video and audio formats.	Up to 25 <sup>th</sup> or 26 <sup>th</sup> birthday	Review and destroy if no longer required	Retain until 25 <sup>th</sup> birthday, or 26 if the patient was 17 when treatment ended.
Clinical Records that pre-date the NHS (July 1948)		Review and transfer to PoD	Contact your local PoD to arrange review and transfer. Records not selected by the PoD must be securely destroyed.

Record Type	Retention Period	Disposal Action	Notes
Electronic Patient Record Systems (EPR)	Refer to notes	Review and destroy if no longer required	Where the system has the capacity to destroy records in line with the retention schedule, <u>and</u> where a metadata stub can remain, demonstrating the destruction, <del>the</del> the Code should be followed in the same way for electronic as well as paper records, with a log kept of destructions.  If the EPR does not have this capacity, then once records reach the end of their retention period, they should <del>be</del> made inaccessible to system users upon decommissioning. The system (along with the audit trails) should be retained for the retention period of the last entry related to the schedule.
General Dental Services records	6 years	Review and destroy if no longer required	This covers the period required by the Dental Contract and financial audit requirement. (It is recognised the Dental Services Contract states to retain records for 2 years. This issue is being looked into, with discussions taking place to change the Contract to reflect this Code).
GP Patient Records-deceased patients	10 years	Review and destroy if no longer required	Confidentiality generally ceases to apply after 10 years and retention covers requirements of the Limitation Act 1980. (Also refer to Appendix III - GP Records).



Record Type	Retention Period	Disposal Action	Notes
GP Patient Records– Living patients	Continual Retention	Continual retention	<p>If the patient has not been seen for 10 years, or a request for transfer to a new GP has not been received, the GP Practice should check the Personal Demographics Service (PDS) for indication of death or other reason for no contact. If there is no reason to suggest no contact, then the record must be kept by the GP practice.</p> <p>If they have died, or transferred to a new Practice, transfer the record to NHSE or the new Provider, respectively. These records cannot be disposed of as they may require further services as they get older. (Also see Appendix III - GP Records).</p>
GP Patient Records– De-registered cases	100 years	Review and dispose of if no longer required	<p>These are cases where the patient has de-registered from the practice, but the reason is unknown. It would be good practice for GPs to check if there is a reason for de-registration (death, missed registration at another practice, emigration etc.). It is not suggested that a retrospective check be carried out, but it would be good practice going forward to conduct a check for these cases.</p> <p>Once checked under GMS regulations, records should be sent to NHSE via Primary Care Support England (PCSE) operational processes.</p> <p>(Also refer to Appendix III - GP Records).</p>

Record Type	Retention Period	Disposal Action	Notes
Integrated Records – All organisations contribute to the same single instance of the record	Retain for period of longest specialty	Review and consider transfer to PoD	The retention <del>time</del> will vary depending upon which type of health and care settings have contributed to the record. Areas that use this model must have a way of identifying the longest retention period applicable to the record.
Integrated Records – All organisations contribute to the same record, but keep a level of separation (refer to notes)	Retain for relevant specialty period	Review and consider transfer to PoD	This is where all organisations contribute into the same record system but have their own area to contribute to and the system still shows a contemporaneous view of the patient records.
Integrated Records – All organisations keep their own records, but enable them to be viewed by other organisations	Retain for relevant specialty period	Review and consider transfer to PoD	This is the most likely model currently in use. Organisations keep their own records on their patients/service users but can grant <i>view only</i> access to other organisations, to help them provide health and care to patients/service users.
Mental Health Records including psychology records	20 years, or 8 years after death	Review and consider transfer to PoD	Covers records made under the Mental Health Act 1983 (and 2007 amendments). Records retained solely for any person who has been sectioned under MHA1983 must be considered for longer than 20 years where the case is ongoing, or the potential for recurrence is high (based on local clinical judgement).

Record Type	Retention Period	Disposal Action	Notes
Obstetrics, Maternity, Antenatal and postnatal records	25 years	Review and destroy if no longer required	For record keeping purposes, these are considered to be as much the child's record as the parent, so the longer retention period should be considered.
Prison Health Records	10 years	Review and destroy if no longer required	<p>A summary of their prison healthcare is sent to the person's new GP upon release and the record should be considered closed at the point of release.</p> <p>These records are unlikely to have long term archival value and should be retained by the organisations providing care in the Prison, or successor organisation/s if the running of the service changes hands.</p>
Cancer/Oncology Records – any patient*	30 years, or 8 years after death	Review and consider transfer to PoD	<p>Retention for these records begins at diagnosis rather than the end of operational use.</p> <p>For clinical care reasons, these records must be retained longer in case of re-occurrence. Where the oncology record is part of the main records, then the entire record must be retained.</p>

Record Type	Retention Period	Disposal Action	Notes
Contraception/Sexual Health/Family Planning/Genito-Urinary Medicine (GUM)	8 or 10 years	Review and destroy if no longer required	8 years for the basic retention requirement but this is increased to 10 in cases of implants or medical devices. If the record relates to a child, then retain in line with children's records. (Also refer to Appendix III - Records dealt with under the NHS Trusts and Primary Care Trusts (Sexually Transmitted Disease Directions 2000).
HFEA Records – Treatment provided in licensed centers	3, 10, 30 or 50 years	Review and destroy if no longer required	These retentions are set out in <a href="#">HFEA guidance</a> .
Creutzfeldt-Jakob Disease – Patient Records	30 years or 8 years after death	Review and dispose of if no longer required	Diagnosis records must be retained for clinical care purposes.
Long-term illness, or illness that may reoccur – Patient records	20 years, or 8 years after death	Review and dispose of if no longer required.	Necessary for continuation of clinical care. The primary record of the illness and course of treatment must be kept where the illness may reoccur, or it is a life-long condition.

## PHARMACY

Record Type	Retention Period	Disposal Action	Notes
Information relating to controlled drugs*	See notes	Review and destroy if no longer required	NHS England has issued <a href="#">guidance</a> stating that locally held controlled drugs information should be retained for seven years. <a href="#">NHS BSA</a> will hold primary data for 20 years and then review it.  (Also refer to Appendix III - Controlled Drugs).
Pharmacy Prescription Records	2 years	Review and destroy if no longer required	A record of the Prescription will also be held by NHS BSA and there will be an entry on the patient record.

## PATHOLOGY

Record Type	Retention Period	Disposal Action	Notes
Pathology Reports/ Information about samples	Refer to notes	Review and consider transfer to PoD.	This Code is concerned with the information about a specimen or sample. The length of time clinical material (e.g. a specimen) is stored will drive how long the information relating to it is retained. Sample retention can be for as long as there is a clinical need to hold it. Reports should be stored on the patient file.  It is common for Pathologists to hold duplicate records. For clinical purposes, these should be retained for eight years after discharge or until a child's 25th birthday. If information is retained for 20 years, it must be appraised for historical value, and a decision made about its disposal. (Also refer to Appendix III - specimens and samples).

## EVENT AND TRANSACTION RECORDS

Record Type	Retention Period	Disposal Action	Notes
Blood Bank Register*	30 years minimum	Review and consider transfer to PoD	Need to be disposed of if there is no on-going need to retain them subject to any transfer to the PoD.
Clinical Audit*	5 years	Review and destroy if no longer required	Five years from the year in which the audit was conducted.
Chaplaincy Records*	2 years	Review and consider transfer to PoD	Refer also to Corporate Governance Records.
Clinical Diaries	2 years	Review and destroy if no longer required	<p>Two years after the year to which they relate. Diaries of clinical activity and visits must be written up and transferred to the main patient record. If the information is not transferred from the diary (so the only record of the event is in the diary), then this must be retained for eight years and reviewed.</p> <p>Some staff keep hardback diaries of their appointments and/or business meetings. If these contain no personal data, they can be disposed of after two years.</p>

Record Type	Retention Period	Disposal Action	Notes
Clinical Protocols*	25 years	Review and consider transfer to PoD	Clinical Protocols may have preservational value. They may also be routinely captured in clinical governance meetings, which may form part of the permanent record (refer to Corporate Governance Records).
Datasets released by NHS Digital and its predecessors	Delete with immediate effect.	Delete in line with NHS Digital instructions	NHS Digital issue guidance through the DARS process on the retention and disposal of data released by them.
Destruction Certificates, or Electronic Metadata destruction stub, or Record of clinical information held on physical media	20 years	Review and consider transfer to PoD	Destruction Certificates created by public bodies are not covered by a retention instrument (if they do not relate to patient care) and if a PoD or TNA do not accession them. They need to be destroyed after 20 years.
Equipment Maintenance Logs	11 years	Review and destroy if no longer required	
General Ophthalmic Services – patient records related to NHS financial transactions	6 years	Review and destroy if no longer required	

Record Type	Retention Period	Disposal Action	Notes
GP temporary resident forms	2 years	Review and destroy if no longer required	This assumes a copy has been sent to the responsible GP for inclusion in the GP patient record.
Inspection of Equipment Records	11 years	Review and destroy if no longer required	
Notifiable Diseases Book*	6 years	Review and destroy if no longer required	
Operating Theatre Records	10 years	Review and consider transfer to PoD	10 years from the end of the year to which they relate.
Patient Property Books	2 years	Review and destroy if no longer required	Two years from the end of the year to which they relate.
Referrals – NOT ACCEPTED	2 years	Review and destroy if no longer required	Retention period begins from the DATE OF REJECTION. These are seen as an ephemeral record.

Record Type	Retention Period	Disposal Action	Notes
Requests for care funding – NOT ACCEPTED	2 years	Review and destroy if no longer required	Retention period begins from the DATE OF REJECTION. These are seen as an ephemeral record. NB: These may have potential PoD interest as what the NHS/social care can or cannot fund can sometimes be an issue of local or national significance and public debate.  (Refer to Appendix III - Individual Funding Requests).
Screening* – including Cervical Screening – where no cancer/illness detected is returned	10 years	Review and destroy if no longer required	Where Cancer is detected, refer to the Cancer/Oncology schedule.
Screening – Children	10 years or 25th birthday	Review and destroy if no longer required	Treat as a child health record and retain for either 10 years or up to 25th birthday, whichever is the LONGER.
Smoking cessation	2 years	Review and destroy if no longer required	Retention begins at the end of the 12-week quit period.

Record Type	Retention Period	Disposal Action	Notes
Transplantation Records*	30 years	Review and destroy if no longer required	Refer to guidance issued by the <a href="#">Human Tissue Authority</a> .
Ward Handover Sheets*	2 years	Review and destroy if no longer required	This information relates to the Ward. Any individual sheets held by staff may be destroyed confidentially at the end of the shift.

## TELEPHONY SYSTEMS AND SERVICES

This is related to 111/999 phone calls/services, Ambulance, Out of Hours, and Single Point of Contact Call Centres.

Record Type	Retention Period	Disposal Action	Notes
Recorded Conversations – which may be needed later for clinical negligence or other legal purposes*	6 years	Review and destroy if no longer required	Retention period runs from the date of the call and is intended to cover the Limitation Act 1980. Further guidance is issued by <a href="#">NHS Resolution</a> .
Recorded Conversations – which form part of the health record*	Treat as a health record	Review and destroy if no longer required	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 record*	1 year	Review and destroy if no longer required	This is the minimum specified to meet NHS Contractual Requirements.

## BIRTHS, DEATH AND ADOPTION RECORDS

Record Type	Retention Period	Disposal Action	Notes
Birth Notification to Child Health	25 years	Review and destroy if no longer required	Retention begins when the notification is received by the Child Health Department. Treat as part of the child's health record if not already stored within the health record.
Birth Registers*	2 years	Review and consider transfer to PoD	Where registers of all 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 the local PoD at the end of the retention period. Information is also held by the NHS Birth Notification Service electronic system, and by ONS. Other information about a birth must be recorded in the care record.
Body Release Forms*	2 years	Review and destroy if no longer required	
Death – cause of death certificate counterfoil*	2 years	Review and destroy if no longer required	These would be a duplicate (possibly) of Coroner's records.

Record Type	Retention Period	Disposal Action	Notes
Death - Register information sent to the General Registry Office on a monthly basis*	2 years	Review and consider transfer to PoD	A full dataset is available from ONS.
Local authority Adoption Record (usually held by the LA) *	100 years	Review and consider transfer to PoD	The local authority Children's Social Care Team hold the primary record of the Adoption process. Consider transferring to PoD only if there are known gaps in the primary local authority record, or the records pre-date 1976.  (Also refer to Appendix III - Adoption Records).
Mortuary Records of deceased persons	10 years	Review and consider transfer to PoD	Retention begins at the end of the year to which they relate.
Mortuary Register*	10 years	Review and consider transfer to PoD	

Record Type	Retention Period	Disposal Action	Notes
NHS Medicals for Adoption Records*	8 years or 25th birthday	Review and consider transfer to PoD	<p>The health reports will feed into the primary record held by the local authority. This means that adoption records held in the NHS relate to reports that are already kept in another file, which is kept for 100 years by the relevant agency and/or local authority. Consider transferring to PoD only if there are known gaps in the primary local authority record or the records pre-date 1976.</p> <p>(Also refer to Appendix III - Adopted Persons Health Records)</p>
Postmortem Records*	10 years	Review and destroy if no longer required	<p>The Coroner will maintain and retain the primary postmortem file including the report. Local Records of postmortem will not need to be kept for the same extended time period.</p>





## CLINICAL TRIALS AND RESEARCH

Record Type	Retention Period	Disposal Action	Notes
Advanced Medical Therapy Research - Master File	30 years	Review and consider transfer to PoD	Further guidance can be found on <a href="https://www.gov.uk">GOV.UK</a> .
Clinical Trials – Master File of a trial authorised under the European portal, under Regulation 536/2014	25 years	Review and consider transfer to PoD	For clinical trials records retention refer to the <a href="#">MHRA guidance</a> .
European Commission Authorisation (certificate or letter) to enable marketing and sale within EU member state's area	15 years	Review and consider transfer to PoD	
Research - Datasets	No longer than 20 years	Review and consider transfer to PoD	

Record Type	Retention Period	Disposal Action	Notes
Research – Ethics Committee's documentation for research proposal	5 years	Review and consider transfer to PoD	<p>Further guidance can be found on the <a href="#">HRA website</a>. This category applies to minutes and papers of RECs that are not held centrally by HRA. Data must be held for sufficient time to allow any questions to be answered.</p> <p>Data may not need to be kept once the purpose has expired – depending on the type of research. 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 PoD may be interested in holding the research. It is best practice to consider this at the outset of any research, as orphaned personal data can cause a data breach (An orphaned record is a record which is from a service or organisation that ceases to exist and has no known successor).</p>
Research – Ethics Committee's minutes and papers	As soon as is practically possible	Review and consider transfer to PoD	Retention period begins from the year to which they relate and can be as long as 20 years. Committee papers must be transferred to PoD.

## CORPORATE GOVERNANCE

Record Type	Retention Period	Disposal Action	Notes
Board Meetings*	Up to 20 years	Review and transfer to PoD	A local decision can be made on how long to retain the minutes of Board Meetings (and associated papers linked to the Board Meeting), but this must not exceed 20 years, and will be required to be transferred to the local PoD or TNA (for National Bodies).
Board Meetings (Closed Boards) *	Up to 20 years	Review and transfer to PoD	Although these may still contain confidential or sensitive material, they are still a public record and must be transferred at 20 years, and any FOI exemptions noted, or indications that the duty of confidentiality applies.
Chief Executive Records*	Up to 20 years	Review and transfer to PoD	This may include emails and correspondence where they are not already included in board papers.
Committees (Major) – Listed in Scheme of Delegation or report direct into the Board (including Major Projects) *	Up to 20 years	Review and transfer to PoD	
Committees (Minor) – Not listed in Scheme of Delegation*	6 years	Review and consider transfer to PoD	Includes minor meetings/projects, and departmental business meetings. These may have local historical value required transfer consideration.

Record Type	Retention Period	Disposal Action	Notes
Committees (Minor) – Not listed in Scheme of Delegation*	6 years	Review and consider transfer to PoD	Includes minor meetings/projects, and departmental business meetings. These may have local historical value required transfer consideration.
Corporate records of health and care organisations and providers that pre-date the NHS (July 1948)		Review and transfer to PoD	Contact your local PoD to arrange review and transfer. Records not selected by the PoD must be securely destroyed.
Data Protection Impact Assessments (DPIAs)	6 years	Review and destroy if no longer required	Should be kept for the life of the activity to which it relates, plus six years after that activity ends. If the DPIA was one -off, then 6 years from completion.
Destruction Certificates or Record of Information held on destroyed physical media	20 years	Review and dispose of if no longer required	Where a record is listed for potential transfer to PoD have been destroyed without adequate appraisal, consideration should be given to a selection of these as an indicator of what has not been preserved.
Electronic Metadata Destruction Stub/s			Refer to Destruction Certificates.
Incidents – Serious	20 years	Review and consider transfer to PoD	Retention begins from the date of the Incident – not when the Incident was reported.

Record Type	Retention Period	Disposal Action	Notes
Incidents – Not Serious	10 years	Review and destroy if no longer required	Retention begins from the date of the Incident – not when the Incident was reported.
Incidents – Serious Incidents requiring Investigation	20 years	Review and consider transfer to PoD.	These include independent investigations into incidents. These may have permanent retention value so consult with the local PoD. If they are not required, then destroy.
Non-Clinical QA Records	12 years	Review and destroy if no longer required	Retention begins from the end of the year to which the assurance relates.
Patient Advice and Liaison Service (PALS) records	10 years	Review and destroy if no longer required	Retention begins from the close of the financial year to which the record relates.
Patient Surveys – individual returns and Analysis	1 year after return	Review and destroy if no longer required	May be required again if analysis is reviewed.
Patient Surveys – Final Report	Permanent retention	Review and consider transfer to PoD	

Record Type	Retention Period	Disposal Action	Notes
Policies/Strategies and Operating Procedures – including Business Plans*	Life of Organisation plus 6 years	Review and consider transfer to PoD	Retention begins from when the document is approved, until superseded. If the retention period reaches 20 years from the date of approval, then consider transfer to PoD.
Quarterly reviews from NHS Trusts	6 years	Review and destroy if no longer required	Retention period in accordance with the Limitation Act 1980.
Risk Registers	6 years	Review and destroy if no longer required	Retention period in accordance with the Limitation Act and Corporate Awareness of risks.
Staff Surveys – individual returns and Analysis	1 year after return	Review and destroy if no longer required	Forms are anonymous so do not contain PID unless provided in free text boxes. May be required again if analysis is reviewed.
Staff Surveys – Final Report	Permanent retention	Review and consider transfer to PoD	
Trust Submission forms	6 years	Review and destroy if no longer required	Retention period in accordance with the Limitation Act 1980

## COMMUNICATIONS

Record Type	Retention Period	Disposal Action	Notes
Intranet Site*	6 years	Review and consider transfer to PoD	
Patient Information leaflets	6 years	Review and consider transfer to PoD	These do not need to be leaflets from every part of the organisation. A central copy can be kept for potential transfer.
Press Releases and important internal Communications	6 years	Review and consider transfer to PoD	Press releases may form part of a significant part of the public record of an organisation which may need to be retained.
Public Consultations	5 years	Review and consider transfer to PoD	Whilst these have a shorter retention period, there may be wider public interest in the outcome of the consultation (particularly where this resulted in changes to the services provided) and so may have historical value.
Website*	6 years	Review and consider transfer to PoD	The PoD may be able to receive these by a regular crawl. Consult with the PoD on how to manage the process. Websites are complex objects, but crawls can be made more effective if certain <a href="#">steps are taken</a> .

## STAFF RECORDS AND OCCUPATIONAL HEALTH ESTATES

Record Type	Retention Period	Disposal Action	Notes
Building Plans, including Records of major building works	Lifetime (or disposal) of building plus 6 years	Review and consider transfer to PoD.	Building plans and records of works are potentially of historical interest and where possible, should be kept and transferred to the local PoD.
CCTV	Refer to <a href="#">ICO Code of Practice</a>	Review and destroy if no longer required	The length of retention must be determined by the purpose for which the CCTV has been used.
Equipment monitoring, and testing and maintenance work where ASBESTOS is a factor	40 years	Review and destroy if no longer required	Retention begins from the completion of the monitoring or testing.
Equipment monitoring – general testing and maintenance work	10 years	Review and destroy if no longer required	Retention begins from the completion of the testing and maintenance.
Inspection Reports	Lifetime of Installation	Review and dispose of if no longer required	Retention begins at the END of the Installation periods.

Record Type	Retention Period	Disposal Action	Notes
Leases	12 years	Review and destroy if no longer required	Retention begins at point of lease termination.
Minor Building works	6 years	Review and destroy if no longer required	Retention begins at the point of WORKS COMPLETION.
Photographic Collections – Service locations, events and activities	Up to 20 years	Review and consider transfer to PoD	These provide a visual historical legacy of the running and operation of an organisation. They may also provide secondary uses, such as use in Public Inquiries.
Radioactive Waste	30 years	Review and destroy if no longer required	Retention begins at the CREATION of the waste.
Sterilix Endoscopic Disinfectant Daily Water Cycle Test, Purge Test, Ninhydrin Test	11 years	Review and destroy if no longer required	Retention begins from the DATE OF TEST.
Surveys – Building or Installation (not Patient Surveys)	Lifetime of installation or building	Review and consider transfer to PoD	Retention period begins at the END of INSTALLATION period.



FINANCE

Record Type	Retention Period	Disposal Action	Notes
Accounts	3 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.  Includes all associated documentation and records for the purpose of audit.
Benefactions	8 years	Review and consider transfer to PoD	These may already be in the financial accounts and may be captured in other reports/records/committee papers.  Benefactions, endowments, Trust Fund/Legacies should be offered to the local PoD.
Debtors' Records – CLEARED	2 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.
Debtors' records – NOT CLEARED	6 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.
Donations	6 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.

Record Type	Retention Period	Disposal Action	Notes
Expenses	6 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.
Final Annual Accounts Report*	Up to 20 years	Review and transfer to PoD	These should be transferred when practically possible, after being retained locally for a minimum of 6 years. Ideally, these will be transferred with Board Papers for that year to keep a complete set of governance papers.
Financial Transaction records	6 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.
Invoices	6 years from end of the financial year they relate to	Review and destroy if no longer required	
Petty Cash	2 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.

Record Type	Retention Period	Disposal Action	Notes
Private Finance Initiatives (PFI) files	Lifetime of PFI	Review and consider transfer to PoD	Retention begins at the END of the PFI agreement. This applies to the key papers only in the PFI.
Staff Salary Information/Files	10 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.
Superannuation Records	10 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.

## LEGAL, COMPLAINTS AND INFORMATION RIGHTS

Record Type	Retention Period	Disposal Action	Notes
Complaints – Case Files	10 years	Review and destroy if no longer required	Retention begins at the CLOSURE of the complaint.  The complaint is not closed until all processes (including potential and actual litigation) have ended.  The complaint file must be kept separately from the patient file (if the complaint is raised by a patient or in relation to). Complaints files must always be separate. (Also refer to Appendix III - Complaints records).
Fraud – Case Files	6 years	Review and destroy if no longer required	Retention begins at the CLOSURE of the case. This also includes cases that are both proven and unproven.
Freedom of Information (FOI) requests, responses to the request and associated correspondence	3 years	Review and destroy if no longer required	Retention begins from the CLOSURE of the FOI request. Where redactions have been made, it is important to keep a copy of the response sent to the requestor. In all cases, a log must be kept of requests and the response sent.
FOI requests – where there has been an appeal	6 years	Review and destroy if no longer required	Retention begins from the CLOSURE of the appeal process.

Record Type	Retention Period	Disposal Action	Notes
Industrial relations – including tribunal case records	10 years	Review and consider transfer to PoD.	Retention begins at the CLOSE of the financial year to which it relates. Some organisations may record these as part of the staff record, but in most cases, they should form a distinctive separate record (like complaints files).
Litigation Records	10 years	Review and consider transfer to PoD	Retention begins at the CLOSURE of the case. Litigation cases of significant or major issues (or with significant/major outcomes) should be considered for transfer. Minor cases should not be considered for transfer. If in doubt, consult with the PoD.
IntellPatents, Trademarks, Copyright, IP	Lifetime of Patent, or 6 years from end of licence/ action	Review and consider transfer to PoD	Retention begins at the END of lifetime or patent, or TERMINATION of licence/action.
Software licences	Lifetime of Software	Review and destroy if no longer required	Retention begins at the END of lifetime of Software.

Record Type	Retention Period	Disposal Action	Notes
Subject Access Requests (SAR), response, and subsequent correspondence	3 years	Review and destroy if no longer required	Retention begins at the CLOSURE of the SAR.
SAR – where there has been an appeal	6 years	Review and destroy if no longer required	Retention begins at CLOSURE of appeal.