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RECORDS MANAGEMENT RETENTION AND DESTRUCTION PROTOCOL AND SCHEDULE

Introduction and Aim:

This Protocol consolidates the procedures for the statutory retention and storage of records within Cardiff and Vale University Health Board (the UHB). It is intended to provide continuity for both current and future practice and provide a framework for the review, retention and destruction of records in the UHB that will ensure statutory requirements are fully met in relation to all relevant legislation.

Objectives:

This document will give appropriate guidance to all staff at every level on how long records need to be retained for business and legal purposes and on the identification of records which are of permanent value and should be preserved.

Scope:

This protocol covers all records in all formats including electronic and paper. It is applicable to all staff in all locations who have access to records, both electronic and hard copy paper including contractor's, students, volunteers, honorary contract holders and anyone who provides a service on behalf of Cardiff and Vale University Health Board.

Equality Impact Assessment	An Equality Impact Assessment has not been completed as this procedure forms part of the overarching Information Governance Policy and Framework
Health Impact Assessment	A Health Impact Assessment (HIA) has not been completed as this procedure forms part of the overarching Information Governance Policy and Framework .
Documents to read alongside this Procedure	<ul style="list-style-type: none"> • Data Protection Act Policy • Information Governance Policy • Information Governance Operational Management and Responsibilities Procedures • Freedom of Information Act Policy and Procedure • IT Security Policy and Procedure • Dealing with Subject Access Requests Procedure • Records Management Policy and Procedure • Confidentiality Code of Conduct
Approved by	Information Governance Sub Committee

Accountable Executive or Clinical Board	Medical Director/Director of Corporate Governance
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Director	
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<p><u>Disclaimer</u></p> <p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	17/09/13	25/04/13	This is a new protocol and does not supersede any documents from the predecessor organisations.
2	20/09/16	30/06/17	Web links updated. Document due for full review request to roll-over for a further 12 months pending comprehensive review.
3	08/08/17	18/07/18	Amended to reflect revised retention arrangements

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Appendix 1 – Records Destruction Certificate

Appendix 2 – Cardiff and Vale UHB Specific Retention Schedule

Appendix 3 – Records Management Code of Practice for Health and Social Care 2016

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1 INTRODUCTION

This Records Management Retention and Destruction Protocol consolidates the procedures for the statutory retention and storage of records and is intended to provide continuity for both current and future practice. It incorporates the guidance on good practice in the Records Management: NHS Code of Practice: Parts 1 and 2 (April 2006). For the purpose of this protocol “records” refer to:

- Corporate and administrative records including personnel, estates, financial and accounting, complaints and Freedom of Information Act records
- Reports and independent enquiries
- Policies and procedures
- Public involvement and consultation
- Regular publications and information for the public
- Communications with the press and media releases

It relates to records held in any format, both paper and electronic including e-mails.

2 SCOPE

This protocol covers all records in all formats including electronic and paper. It is applicable to all employees who have access to records, both electronic and hard copy paper. The term employees includes all those who have a contract of employment or honorary contract with the Cardiff and Vale University Health Board (the UHB).

3 AIM

The aim of this protocol is to provide a framework for the review, retention and destruction of records in the UHB that will ensure statutory requirements are met in relation to all relevant legislation. Implementation of this protocol should result in minimising records storage and retrieval, improve the standards of record keeping and ensure clinical information and corporate records requirements are fully met.

4 OBJECTIVE

The destruction of records is an irreversible act, whilst the cost of preserving records worthy of permanent preservation is high and ongoing. The criteria contained within this Protocol is intended to give guidance on how long records should be kept for business and legal purposes and on the identification of records of permanent value which should be preserved.

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5 RECORDS RETENTION

The length of the retention period depends upon the type of record, its legal status and its importance to the business of the UHB. It is particularly important for all staff to be aware of the categories of records which it is necessary for the UHB to retain. Although the organisational lead for records management has the main responsibility for ensuring that arrangements are in place for corporate archiving, in practice all staff are responsible for any records which they create or use.

6 GUIDELINES FOR USING THE PROTOCOL

Whenever the protocol is used, the guidelines listed below should be followed:

- The information contained within the [Records Management Code of Practice for Health and Social Care 2016](#) particular attention to the retention schedules. Where it is clear that records are not captured within these documents specific guidance will be provided where possible (see Appendix 2).
- Local clinical and business requirements/instructions must be considered before activating retention periods in this schedule.
- Decisions should also be considered in the light of the need to preserve records whose use cannot be anticipated fully at the present time but which may be of value to future generations.
- Recommended minimum retention periods should be calculated from the beginning of the calendar or accounting year following the last entry on the document.
- The selection of files for permanent preservation should be partly informed by precedent (the establishment of a continuity of selection) and partly by the historical context of the subject (the informed identification of a selection).
- General rules should be drawn up locally, using the profile of material which has already been selected, and the history of the institution or organisation (including pioneering treatments and examples of excellence) within the context of its service to the local and wider communities.
- The provisions of the Data Protection Act 1998 must also be complied with.

This protocol does not cater for all eventualities or exceptional circumstances. For example, events of local or national significance reflected in the records may require permanent preservation. Where this is identified the appropriate files should be archived and a record kept within each Clinical Board/Division/Directorate in line with archiving procedures.

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7 RECORDS STORAGE

Clinical Boards, Divisions and Directorates must ensure that they have appropriate arrangements for the secure and safe storage of records and complete an Information Asset Register to reflect the information held. These arrangements should take account of the frequency that the record may need to be accessed, the point at which a record should be disposed of or archived and the method of disposal or archiving. These arrangements must ensure that the record can be retrieved whilst in use or after archiving if required.

The records management arrangements must include a tracking system which identifies all records, their date of creation, and where they are stored. It is the responsibility of the departmental manager to ensure that arrangements are in place to identify the records.

8 DISPOSAL

The destruction of records is an irreversible act, while the cost of preserving records worthy of permanent preservation is high and continuing. Appendices 2-4 provides guidance on how long records should be kept for legal and business purposes. They also identify records of permanent value.

Most NHS records, even administrative ones, contain sensitive or confidential information. It is therefore vital that confidentiality is safeguarded at every stage and that the method used to destroy such records is fully effective and secures their complete illegibility

8.1 ARRANGEMENTS FOR DISPOSAL

It is the responsibility of the departmental manager to identify the records which can be destroyed. At this time the importance and relevance of the information contained within the records should be considered. Where evidence may be required regarding details of this destruction Appendix 1 must be completed and retained indefinitely. These arrangements should be agreed with the appropriate Records Management Lead and Assistant Director/Clinical Director.

Once the decision has been made to destroy a record(s) the managers should inform the Records Management Lead and Assistant Director/Clinical Director which records are to be destroyed.

For paper records this will normally involve an approved contractor shredding, pulping or incinerating records, and providing written certification as proof of destruction. Bulky or sensitive records should be shredded or placed in

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appropriate bins for collection by the approved contractor. There is a contract in place with DataShred for this service.

Floppy disk/CD/backup tapes/audio tapes containing identifiable information must be reformatted with a random pattern to ensure data cannot be recovered or they must be physically destroyed following IM&T Security Guidance. Removable media must be destroyed following IM&T Security Guidance.

A register of all disposed records must be taken and kept for audit purposes.

The relevant Departmental Manager, Records Management Lead and Assistant Director/Clinical Director will complete the Records Destruction Certificate where required (see Appendix 1) to confirm the destruction of the records and the details of the disposal for future reference.

9 RESOURCES

No additional resources have been identified as a result of the approval of this protocol. However, it is likely that issues will arise which will require resources when establishing effective arrangements for the retention and disposal of records. As such issues arise a full review will be undertaken and resources will be identified as part of the action/business planning process.

A new method for managing records should not be introduced without assessment of the resources required.

10 TRAINING

There will not be any training required to implement this protocol however there will need to be appropriate communications issued to all relevant staff to ensure the specifics of this protocol are communicated and fully understood and implemented.

Assistant Directors/Clinical Directors will be responsible for ensuring the communication of this information within their areas of responsibility.

11 EQUALITY

The UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups. This Protocol has been developed in support of the Information Governance Policy and the Records Management Policy. The Information Governance Policy has been subject to an Equality Impact Assessment. We wanted to know of any possible or actual impact that this protocol may have

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on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was **no impact** to the equality groups mentioned. Where appropriate we have taken the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities and human rights legislation.

12 AUDIT

Clinical Boards will be responsible for auditing their compliance in relation to Divisional/Directorate records held. They will ensure that their Directorates also undertake regular audits. The findings of these audits will be reported to the appropriate Quality and Safety Group.

14 REFERENCES

- Cardiff and Vale University Health Board Records Management Policy and Procedures
- [Lord Chancellor's Code of Practice on the management of records issues under section 46 of the Freedom of Information Act 2000:](#)
- ISO 15489-1:2001 Information and documentation – Records Management (Part 1 General)
- PD ISO/TR 15489-2:2001 Information and documentation – Records Management (Part 2: Guidelines)

Guidance from the National Archives

- Managing records without an electronic records management system:
- Complying with the Records Management Code:
- How to produce a corporate policy on electronic records
- Guidelines on developing a policy on managing email
- Management of electronic records on websites and Intranets:

Reference and source documents

[WHC \(2000\) 71: For The Record](#)

[WHC \(99\) 7: Preservation, Retention and Destruction of GP General Medical Services Records Relating to Patients.](#)

[Records Management Code of Practice for Health and Social Care 2016](#)

Previously the Department of Health [Records Management - NHS Code of Practice](#)

15 DISTRIBUTION

This protocol will be available on Cardiff and Vale University Health Board (the UHB) Internet, Intranet and Clinical Portal.

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Where staff do not have access to these resources their line manager must ensure that they are made aware of their responsibilities as appropriate

16 REVIEW

This protocol will be reviewed to reflect any changes in guidance or legislation. As a minimum it will be reviewed three years after the approval date.

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APPENDIX 2

CARDIFF AND VALE UHB SPECIFIC RETENTION SCHEDULE

Introduction.

The UHB has adopted the Department of Health (DH) Retention Schedules which are attached in Appendix 3 Annex D1 – Health Records Retention Schedule and Appendix 4 Annex D2 –Business and Corporate (Non-Health) Records Retention Schedule.

Not all records created and maintained within the UHB are covered in the two DH schedules and therefore detailed below are the UHB specific retention scheduled items which are either omitted from the DH Schedules or are different due to Welsh Government (WG) or local requirements. The notes column in the UHB specific retention table provides an indication of the source for the required retention.

When using the DH schedules it must be remembered that these are predominantly aimed at health services in England and as a result there will be some information contained which will not be relevant in Wales.

The DH schedules will contain some information that will not be relevant to the UHB as it references previous DH guidelines updates and changes. Previously the UHB retention scheduled followed was [WHC \(2000\) 71: For The Record](#). A list of the differences between the WHC (2000) 71: For the Record and the newly adopted DH Retention Schedules has been completed and can be provided by the Governance Department on request.

For noting, the final column of the DH schedules indicate a coding system which is **only** relevant to the DH. A key to these codes can be found on page **8 of Annex D1** – Health Records Retention Schedule.

Key to Notes Column

Cardiff and Vale UHB specific retention schedule

WHC – Welsh Health Circular (2000) 71
C&V – Cardiff and Vale UHB specific
RCP – Royal College of Pathologists
H&S – Health and Safety
HR – Human Resources

RECORD TYPE	RETENTION PERIOD	NOTES
Health Records		

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Birth registers	25 years	WHC
Death registers	Local decisions to be made regarding permanent preservation	WHC
Electronically reported clinical results	see C&V Electronic and Paper Clinical Results Review and Retention Protocol	C&V
Pathology	Biochemistry and Immunology specific – Laboratory Medicine and Micro-Biology The DH retention schedule refers to a 2005 document which has now been superseded. The current retention schedule as recommended by Royal College of Pathologists https://www.rcpath.org/resourceLibrary/the-retention-and-storage-of-pathological-records-and-specimens--5th-edition-.html	RCP
Suicide – patient notes	Notes of patients having committed suicide – constitutes a SUI so records to be retained for 30 years	C&V
Business and Corporate (Non-Health) Records		
Accident books N.B. Completion of accident books no longer required as superseded by UHB incident reporting database.	3 years	H&S
Advance letters – Finance)	6 years	WHC
Asbestos - Records relating to asbestos including suspected incidents of potential exposure	40 years	Control of Asbestos at Work Regulations 2002
Computerised records	The recommended minimum retention periods apply to both paper and electronic records. Consideration must be made in respect of any duplicate record retained in hard copy format. NB. Care needs to be taken to prevent corruption or deterioration of electronic data. Further guidance see Public Record Office Guidance, Management and appraisal of electronic records (1998).	
Day files	6 months	C&V
Disaster planning/Major Incident contingency plans	Destroy when new plan promulgated unless plan has been activated and circumstances still subject to investigation	C&V

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Disposal schedules	Lists, certificates/registers/databases of destroyed records to be retained indefinitely	National Archives
Drafts of reports	2 years after the settlement of the matter to which they relate	C&V/DH
Duplicate records	Copies of records, documents, circulars, forms etc 2 years	C&V/DH
E-mails of minor importance	If required for business purposes: 2 years after the settlement of the matter to which it relates. If no enduring value: only retain until business matter has ceased then destroy.	C&V. Standard to ensure consistency between paper and electronic records retention schedules
E-mails of major importance	To be filed either electronically or in hard copy within the relevant structured file to which the matter relates. To be destroyed with the main file as dictated by the relevance of the issue	retention schedules
Exit interviews	6 years for monitoring purposes and statistical research	HR
Income and expenditure journals	6 years	WHC
Investigation reports on HR issues. i.e. disciplinary, grievance, dignity at work.	Actual investigation reports: The main investigation file must not be included within the personnel file after completion of the case. Reports to be destroyed as soon as the relevant appeal period has been reached only the final outcome of the investigation to be retained within the personnel file. Investigating Officers duplicate records/reports – To be destroyed as soon as appeal period reached.	HR
Site Plans	Lifetime of organisation	
Meeting administrative arrangements records (Retention of minutes detailed within main document)	Records of administrative arrangements for external and internal committee meetings - Destroy 2 years after last action	C&V N.B. This includes appointment of
	Correspondence relating to the appointment of external and internal committee members, including conditions of appointments and entitlements - Destroy 5 years after last action	
	Records of minor committees formed for operational purposes - Destroy 5 years after committee ceased	
	Reference copies of minutes - 1 year	

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		Independent Members to the UHB, see employment records
Policy documents	Early drafts (not shared with colleagues) and drafts for comments - Delete when superseded Drafts reflecting significant changes in approach – 5 Years Final versions - 10 years in case of litigation	C&V
Policy Records - Records relating to formulation of policy about the non-functional, or administrative activities such as risk management, records management, asset management, HR management, benchmarking	10 years after last action	C&V
Private patients records – admitted under Section 58 of the National Health Service Act 1977 or section 5 of the National Health Services Act 1946	Although technically exempt from the Public Records Acts, it would be appropriate for authorities to treat these records as if they were not exempt. Reference income and expenditure journals etc and DH Health Records retention schedule.	WHC
Product liabilities	11 years	WHC
Records relating to transfer and retrieval to/from both off site and on-site storage	2 years	C&V Policy
Reference documents – Directories Address and contact lists (including	Only to be retained whilst being used in the course of business. To be destroyed as soon as the business need has ceased	C&V

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directories and lists produced by the UHB, other agencies, organisations or suppliers)		
Returns to Welsh Government	Files closed annually and retained for 6 years following closure.	C&V
Risk Assessments	Superseded + 3 years (unless subject to litigation claims in which case ensure copy retained in file)	C&V
Risk Register	Superseded + 10 years	C&V
Spreadsheets	Only to be retained whilst being used in the course of business. To be destroyed as soon as business need ceased.	C&V

Additional documentation information (copies available on request)

- Finance Department Cardiff and Vale UHB – [Retention and Destruction of Records \(2009\)](#)
- Procedure for the Management of Therapies Health Records
- Retention of Clinical Material Biochemistry and Immunology Service
- The Retention and Storage of Pathological Records and Archives
- [Archiving of Clinical Trial and Research Study Data – Standard Operating Procedure.](#)
- Department of Health Research involving the NHS Retention of Records
- Recommendation on the content of the trial master file and archiving

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APPENDIX 3

[Records Management Code of Practice for Health and Social Care 2016](#)

[Retention Schedules Accessed here](#)