

Policy: Retention and Destruction of Corporate Records

Document Information

Date of Issue:	March 2017	Next Review Date:	January 2024
Version:	2.1	Last Review Date:	January 2023
Document Ref:	DPFOI : RDCRP		
Author:	DPO		
Reviewer:	DSP Lead		
Director:	HIS Director		
Approval Route			
Approved By:		Date Approved:	
IG Steering Group		December 2022	

Document Cross Reference

Document Title:
TSDFT - Records Management (Information Lifecycle) Policy
TSDFT – Management of Confidential Waste Policy
TSDFT - Information Asset Management Policy, Procedure and Guidance
TSDFT – Health and Adult Social Care Records Policies, Procedures and Guidance
TSDFT – Information Governance Guidance
TSDFT - Information Management and Technology Security Policy
TSDFT - Retention and Disposal Schedule

Amendment History

Version	Status	Date	Reason for change	Authorised
0.1	Draft	14/02/2017	New doc align IGA NHS Records Management Code of Practice	DP/FOI Lead
1.0	Final	16/03/2017	Approved IGSG	IGSG
1.1	Final	07/03/2019	New DP regs update	IGSG
2.0	Final	2/12/2022	Annual review and updates	IGSG
2.1	Final	Jan 2023	Annual review and Update	IGSG

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1. Policy Purpose

- 1.1 NHS organisations are under a duty to keep all NHS records (i.e. patient, client, staff and business records) for a minimum number of years.
- 1.2 NHS England have published the [Record Management Code of Practice 2021](#) which detail corporate record retention requirements
- 1.3 The purpose of this document is to provide the minimum periods of retention of corporate records.
- 1.4 It lists how documents/files should be destroyed when no longer required and how and when to store if records need to be retained for a longer period of time than that specified.

2. Introduction

- 2.1 A record is anything that contains information, in any media, which has been created or gathered as a result of any aspect of the work of NHS employees – including consultants, agency and/or casual staff¹.
- 2.2 All records should be managed in a way that allows the information contained within them to be available to the person who needs them, at the time and place they are needed.

3. Specific guidance

- 3.1 This policy is concerned with the retention and destruction of corporate records, i.e., those that concern the business of the organisation and links to Torbay and South Devon NHS Foundation Trust (TSDFT) Information Lifecycle Policy.
 - 3.2 The records may be held electronically and/or manually and may contain information from any of the categories below:
 - Administrative records including: personnel, estates, financial and accounting (e.g. budget information, annual report information)
 - Information concerning complaint handling
 - Manual (e.g. telephone messages, working papers)
 - Printouts of audit trails from computer/automated systems
 - Microfiche
 - Audit tapes, cassettes
 - Video tapes, CD-ROM
 - Computer media e.g. CDs, DVD, encrypted memory sticks
 - Computer output e.g. paper, printout from spooler
 - 3.3 Regardless of type there is usually a requirement to keep a record for a minimum number of years. This period of time is calculated from the end of
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the calendar or accounting year following the last entry in the record (e.g. manual file, computer record)

4. Storage of records

- 4.1 Records should be stored in a secure location when not being used e.g. lockable filing cabinets, cupboards, rooms (locked and/or alarmed outside of normal working hours)
- 4.2 The accommodation should comply with health and safety requirements have proper environmental controls and adequate protection against fire, flood and theft.
- 4.3 The Trust has contracts with a external NHS approved companies to support the digitisation and destruction of corporate records who provide scanning services and system support. These company supports scanning historic records and are BS10008 compliant.

5. Disposal of records

- 5.1 Disposal is wider than just destruction (see below), it can also refer to the transfer of records from one media to another e.g. paper records to digital, or the transfer of records from one organisation to another e.g. authorised archive office.
- 5.2 When using another organisation to archive records it is essential an agreement/contract is in place detailing how the records will be archived and who will be allowed access to them. The Trust currently has a contract with Iron Mountain to store records off site and destroy in line with current legislation. For further details please contact the Data Access and Disclosure Office dataprotection.tsdf@nhs.net
- 5.3 When an archived record is accessed a note must be made of:
 - The date access occurred,
 - The details of the person gaining access, and
 - The reason access was required.
- 5.4 When a record is removed from the archive a note must be made of:
 - The taker of the record
 - The taker's signature or a receipt from them
 - The expected date of return
 - The date the record is returned
- 5.5 Transportation of records removed from the archive must be in accordance with the Trust's transportation of records and information security policies and with guidance issued by the Information Commissioner and NHSE. All of this guidance requires that records are transported in a secure and confidential manner. Whoever transports them from one site to another should be contractually bound to comply with these requirements.

- 5.6 Any documents identified as requiring permanent preservation or over 20 years old must be transferred to the appropriate repository e.g. the County Archive or Public Records Office.

6 Destruction of records

- 6.1 The destruction of records is an irreversible act. Many NHS records contain sensitive and/or confidential information and their destruction must be undertaken in secure locations and proof of secure destruction may be required. Destruction of all records, regardless of the media, should be conducted in a secure manner to ensure there are safeguards against accidental loss or disclosure.
- 6.2 The normal destruction methods used within the NHS are:
- shredding,
 - pulping
 - incineration
- 6.3 For the secure destruction of computer media this is normally undertaken by SDHIS Desktops Team which are to advise of the physical destruction of a computer hard drive, or other storage device.
- 6.4 The destruction of records is normally undertaken on site or by an approved contractor. A formal contract between the contractor/supplier and TSDFT details the security and confidentiality requirements associated with [Trust Confidential Waste Policy](#). Proof of destruction will be provided in the form of a certificate, held on the medical records shared drive. A register of destruction must be kept by the NHS organisation as an audit trail.

7 Retention of Records

- 7.1 Retention periods are generally specific to the type of record. There are minimum lengths of time that each record should be kept.
- 7.2 The most used records are described below – please see Records Management Code of Practice 2021 for further detail or [TSDFT schedule](#)

8 Structure and Responsibilities

- 8.1 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.
- 8.2 It is the responsibility of the Data Security and Protection Lead to lead and provide expert strategic, tactical and operational support on all matters relating to TSDFT for Corporate Records Management who will work with the Information Governance Steering Group to implement, monitor and review these guidelines.

- 8.3 The Trusts Data Access and Disclosure (DADO) will provide additional, advice and support to all staff in connection with the holding, obtaining, recording, using and storage of information.
- 8.4 The TSDFT Information Governance Steering Group will be responsible for determining and implementing local retention and disposal guidelines including temporary extended periods of retention taking into account good practice both locally and nationally and any inquiry guidance.
- 8.5 Information Asset Owners/Information Asset Administrators are responsible for making sure that all records are periodically and routinely reviewed to determine what can be disposed of or destroyed in accordance with the guidelines as laid out in the [NHSE Records Management Code of Practice 2021](#) and [Trust Retention and Disposal Schedule](#)
- 8.6 All Staff have a duty to undertake the appropriate records management training provided by the Trust and maintain the records they create and use in accordance with this document.

9. Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the UKs current data protection legislation in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime has 7 principles that need following which require that personal data shall be:

1. Processed fairly, lawfully and in a transparent manner.
2. Collected for specified, explicit, and legitimate purposes and not further processed for other purposes, incompatibly with the original purpose.
3. Adequate, relevant and limited to what is necessary in relation to the purposes.
4. Accurate and kept up to date.
5. Kept in a form that permits identification no longer than is necessary.
6. Processed in a way that ensures appropriate security of that personal data
7. Accountability and responsibility for compliance with the principles

Have all of the data protection principles been considered in the development or update of this policy? Yes No

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.

10. Policy review

The Trust will endeavor to ensure that this policy remains consistent with all relevant procedures and guidance. Interpretation of the policy will be monitored every two years by the Data Protection/FOI Lead unless legislation changes before this time and there will be regular planned compliance checks to assess in line with the Information Governance Toolkit.

11. Appendices

Available on the [ICON Information Governance polices](#) pages

- [TSDFT Retention and Disposal Schedule](#)
- TSDFT Health Adult Social Care Records Policies Procedures and Guidance
- [Record Management Code of Practice 2021](#)

12. References

- BSI 10008 Evidential Weight and Legal Admissibility of Electronic Information
- HSG(94)11
- [NHSE Records Management Code of Practice 2021](#)
- Public Records Act 1958 s.3(1)-(2)
- HSC 1999/012 Caldicott Guardians
- HSG(96)18 – The Protection and Use of Patient Information
- Data Protection Legislation
- HSC1998/153 – Using Electronic Patient Records in Hospitals: Legal requirements and Good Practice
- Mental Health Act 1959
- Public Records Office Records Management Standards 1998
- [The Public Records Act 1958](#);
- [The Data Protection Legislation](#);
- [The Freedom of Information Act 2000](#);
<https://www.gov.uk/government/publications/freedom-of-information-foi>
- [Environmental Information Regulations 2004](#);
- [The Common Law Duty of Confidentiality](#);
- [HSCIS Confidentiality Code of Practice 2014](#);
- [Information Governance Toolkit](#);
- Devon Archives and Local Studies Service; approved places of deposit
www.swheritage.org.uk/devon-archives