



RECORDS MANAGEMENT POLICY

Introduction

The purpose of this policy is to ensure that Cwm Taf Morgannwg University Health Board (the UHB) delivers its aims, objectives, responsibilities and legal requirements transparently and consistently in respect of the records it holds. To ensure that the UHB handles and processes all records in accordance with the legal requirements, codes of practice and guidance issued by relevant authorities including, but not restricted, to the Welsh Government and the Information Commissioner's Office.

Objectives

There are a number of objectives, including:

Accountability – Adequate records are managed to account fully and transparently for all actions and decisions in particular:

- To protect legal and other rights of staff or those affected by those actions
- To facilitate audit or examination
- To provide credible and authoritative evidence

Quality – That records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as those records are held by the UHB.

Security – That records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as the record is required.

Retention and disposal – There will be consistent and documented retention and disposal procedures to include provision for permanent preservation or archival records.

Operational Date

TBC (proposed July 2021)

Expiry Date

Formal – three years

Informal – one year

Scope

This policy applies to all staff on all locations across the UHB.

Equality Impact Assessment

An Equality Impact Assessment has been undertaken and approved (01/04/21)

Distribution

All staff via internet and team briefings.
Information Governance Group Members

Health Records staff

To be read by All staff

Documents to read alongside this Policy [Information Governance Policy](#)
[Information Security Policy](#)
[Disposal of ICT Equipment and Media Procedure](#)

To be Approved by Digital Data Committee (TBC)

Accountable Executive / Lead Director Director of Corporate Governance/Board Secretary

(responsible for formal review every three years)

Author / Management Lead Claire Northwell-Todd, Head of Information Governance

(carries out informal review annually)

Freedom of Information Status Open

If the review date of this policy has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Corporate Services Department.

To avoid use of out of date policies please do not print and then store hard copy of this document.

Out of date policies cannot be relied upon.

Max 2 pages to this point

Amendment Record

If a change has been made to the document, the changes must be noted and circulated to the appropriate colleagues.

Detail of change	Why change made?	Page number	Date of change	Version	Name of Policy Author
Terminology amended to reflect ILGs and CSGs	Request following consultation	Sec 8.8	28/3/21		

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PURPOSE

- 1.1 Records Management is the process by which an organisation manages all the aspects of records whether internally or externally generated and in any format or media type, from their creation, all the way through to their lifecycle to their eventual disposal.
- 1.2 Cwm Taf Morgannwg University Health Board's (the UHB) 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 UHB and the rights of patients, staff and members of the public. They support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.
- 1.3 The UHB has adopted this records management policy and is committed to ongoing improvement of its records management functions as it believes that it will gain a number of organisational benefits from so doing. These include:
 - Better use of physical and server space;
 - Better use of staff time;
 - Improved control of valuable information resources;
 - Compliance with legislation and standards; and
 - Reduced costs.
- 1.4 The UHB also believes that its internal management processes will be improved by the greater availability of information that will accrue by the recognition of records management as a designated corporate function.
- 1.5 This document should be read in conjunction with:
 - Standards for Record Keeping Records Management Procedure
 - Personal Data Breach Reporting Policy and Procedure
 - Risk Management Policy and Procedure

POLICY STATEMENT

- 2.1 Cwm Taf Morgannwg University Health Board (the UHB) is committed to a systematic and planned approach to the management of records within the organisation, from the moment they are created to their ultimate disposal. This will ensure that the UHB can control both the quality and the quantity of the information that it generates; it can maintain that information in a manner that effectively serves its

needs, those of government and of the citizen; and it can dispose of the information efficiently when it is no longer required.

- 2.2 This policy and associated procedures will define the way in which records will be managed throughout the UHB.
- 2.3 This policy and associated procedures also intended to provide standards against which records management procedures can be audited and monitored to inform risk management and identify areas for improvement.
- 2.4 The purpose of this policy is to ensure that records management systems and practice throughout the UHB comply with relevant legislation, professional and information governance standards.

3. PRINCIPLES

This policy and associated procedures will define the way in which records will be managed throughout the organisation.

4. SCOPE

- 4.1 This policy relates to all clinical and non-clinical operational records held in any format by the UHB as detailed in the Department of Health's publication *Records Management: NHS Code of Practice*©, i.e.:
 - All administrative records (e.g. personnel, estates, financial and accounting records, notes associated with complaints, etc); and
 - All patient health records for all specialties and including records for private patients treated on NHS premises.
- 4.2 These include records held in all formats, for example:
 - Paper records, reports, diaries and registers etc;
 - Electronic records;
 - x-Rays and other images;
 - Microform (i.e. microfiche and microfilm); and
 - Audio files and digital images.
- 4.3 This policy applies to all staff employed by or contracted to the UHB and includes experts who the UHB might call upon in consultation.

DEFINITION OF TERMS

- 5.1 Records Management** is a discipline which utilises an administrative system to direct and control the creation, version control, distribution, filing, retention, storage and disposal of records,

in a way that is administratively and legally sound, whilst at the same time serving the operational needs of the UHB and preserving an appropriate historical record. The key components of records management are:

- Record creation;
- Record keeping;
- Record maintenance (including tracking of record movements);
- Access and disclosure;
- Closure and transfer;
- Appraisal;
- Archiving; and
- Disposal.

5.2 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.

5.3 In this policy, **Records** are defined as 'recorded information, in any form, created or received and maintained by the UHB in the transaction of its business or conduct of affairs and kept as evidence of such activity'.

5.4 **Information** is a corporate asset. The UHB's records are important sources of administrative, evidential and historical information. They are vital to the UHB to support its current and future operations (including meeting the requirements of Freedom of Information legislation), for the purpose of accountability, and for an awareness and understanding of its history and procedures.

• **AIMS AND OBJECTIVES**

The aims of the UHB's records management system are to ensure:

6.1 Accountability – Records are adequate to account fully and transparently for all actions and decisions, in particular to:

- Protect legal and other rights of staff or those affected by those actions;
- Facilitate audit or examination; and
- Provide credible and authoritative evidence.

6.2 Availability – The UHB is able to service its business needs and comply with legislative requirements.

6.3 Accessibility – Those with a legitimate right can access records, and the information within them is located and displayed in a way

consistent with its initial use, and the current version is identified where multiple versions exist.

- 6.4 Interpretation** – The context of the record can be interpreted i.e. identification of staff who created or added to the record and when, during which business process, and how the record is related to other records.
- 6.5 Quality** – Records are complete and accurate and reliably represent the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated.
- 6.6 Maintenance through time** – So that 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. For records in digital format, maintenance in terms of back-up and planned migration to new platforms must be designed and scheduled to ensure continuing access to readable information.
- 6.7 Security** – From unauthorised or inadvertent alteration or erasure, access and disclosure, ensuring that records are properly controlled and that there are audit trails to track all use and changes in order to ensure that records are held in a robust format which remains readable for as long as records are required.
- 6.8 Retention and disposal** – Using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservations of records with archival value.
- 6.9 Performance measurement** – The application of records management procedures are regularly monitored against agreed indicators and action taken to improve standards as necessary.
- 6.10 Staff training** – All staff are made aware of their responsibilities for records management.

ROLES AND RESPONSIBILITIES

7.1 Chief Executive

The Chief Executive has overall responsibility for records management in the UHB. As accountable officer he/she is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity.

Records management is key to this as it will ensure appropriate, accurate information is available as required.

The Board has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

8.3 Board Secretary

The Board Secretary has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

8.4 Caldicott Guardian

The Medical Director, as Caldicott Guardian, has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. He/she is responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

8.5 Information Governance Group

The Information Governance Group is responsible for scrutinising this policy and the records management system and processes are developed, co-ordinated, and monitored. The Information Governance Group is responsible for ensuring that the UHB achieves compliance with the Standards for Health Services in Wales, in particular Standard 20: Records Management and any other standards or assessments.

8.6 Assistant Director of Governance & Risk

The Assistant Director of Governance & Risk is responsible for the overall development and maintenance of records management practices throughout the UHB, in particular for raising awareness for good records management practice and promoting compliance with this policy in such a way as to ensure the easy, appropriate and timely retrieval of information.

8.7 Medical Records Manager

The Medical Records Manager is responsible for the overall management and performance of the Health Records Service within the UHB including the provision of organisation-wide access to health records.

8.8 Local Records Managers

The responsibility for local records management is devolved to the Clinical Service Groups (CSGs) and integrated locality groups (ILGs)

within the UHB. For example they must ensure that records within their ILGs are managed in a way which meets the aims of the UHB's records management policy and procedures and that any risks with regards to the management of records within their area are appropriately assessed and recorded in line with the UHB's risk management policy and procedures.

8.9 All Staff

Each member of staff:

- Under the Public Records Act, is responsible for any records that they create or use in the course of their duties;
- Has a contractual and common law duty of confidentiality for any records that they create, handle, store or come across during their employment;
- Must understand their responsibilities when using or communicating personal or commercially sensitive data and information;
- Must not obtain improper access to information which is subject to restrictions which have either been ignored or overridden;
- Should only gain access to information for which they are entitled to i.e. information should only be obtained on a "need to know" basis;
- Must ensure that they report inappropriate access to records or their loss/theft (whether thought to be temporary or permanent) in accordance with the UHB's Incident Reporting Procedure.

Registered professionals are responsible for complying with their relevant codes and standards of professional practice for record-keeping and for supervision of unqualified members of the team making entries in health records.

Record keeping and records management responsibilities will be included in staff job descriptions and are also included within the standard Agenda for Change Terms and Conditions of Service. All staff must ensure that they keep appropriate records of their work within the UHB and that they manage all records in keeping with this policy and any subsequent procedures or protocols that may be issued.

• LEGISLATIVE AND NHS REQUIREMENTS

All NHS records are Public Records under the Public Records Acts. The UHB will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: NHS Code of Practice, in particular:

- The Access to Health Records Act 1990

- The Common Law Duty of Confidentiality
- The Computer Misuse Act 1990
- The General Data Protection Regulation 2016
- The Data Protection Act 2018
- The Environmental Information Regulations 2004
- The Freedom of Information Act 2000
- The Human Rights Act 1998
- The Medical Reports Act 1988
- The NHS Confidentiality Code of Practice
- The Public Records Act 1958; and
- Any new legislation affecting records management as it arises.

RECORD CREATION AND MAINTENANCE

- 10.1 Records created by the UHB should be kept in a system that will enable quick and easy retrieval of information which will support the business of the organisation, ensure that there is informed patient care and enable the UHB to respond to requests for information under the Freedom of Information Act, Data Protection Act, Access to Health Records Act and Environmental Information Regulations.
- 10.2 High quality information underpins the delivery of high quality evidence based healthcare. Health records must therefore be complete and accurate and healthcare staff must adhere to the record keeping standards.
- 10.3 Each directorate should have in place a process for documenting its activities in respect of records management. This process should take into account the legislative and regulatory environment in which the directorate operates.
- 10.4 Paper and electronic record keeping systems should contain descriptive and technical documentation to enable the system to be operated efficiently and the records held in the system to be understood. The documentation should provide an administrative context for effective management of the records.
- 10.5 The record keeping system, whether paper or electronic, should include a documented set of rules for referencing, titling, indexing and, if appropriate, the protective marking of records. These should be easily understood to enable the efficient retrieval of information when it is needed and to maintain security and confidentiality.
- 10.6 Upon creation of a new electronic or paper record the user should ensure that there is no duplication within existing record(s). Not every administrative record needs to be registered, however certain categories of record will be important enough to warrant formal

registration. Directorate and Department managers must determine the requirement for registration based on the business need to maintain accountable records of particular activities and on any legal obligations for registration with third parties, such as the Data Protection legislation. Some examples of registered file series are personnel and appointments, payroll, finance, estates, Korner returns, and performance monitoring. Where formal registration is not required, good practice would be to categorise and classify the file to allow it to be managed as part of structured filing system.

RECORD MAINTENANCE AND STORAGE

- 11.1 Records must always be kept securely but a balance needs to be achieved between security and accessibility. All current/active records should be stored so that they are accessible and comply with health and safety requirements. Comprehensive records should be retained when long-term storage is used and this should include specification of destruction dates.
- 11.2 Records should be kept up to date, relevant and accurate, unless preservation is required for historical purposes in which case this should be noted.
- 11.3 The movement and location of records should be controlled to ensure that a record can be easily retrieved at any time, that any outstanding issues can be dealt with, and that there is an auditable trail of record transactions.
- 11.4 Storage accommodation for current records should be clean and tidy, should prevent damage to the records and should provide a safe working environment for staff.
- 11.5 A contingency or business recovery plan must be in place to provide protection for records which are vital to the continued functioning of the UHB.

12. REGISTRATION OF RECORD COLLECTIONS

- 12.1 The UHB will establish and maintain mechanisms through which directorates, departments and other units can register the records they are maintaining. The inventory of record collections will facilitate:
 - The classification of records into series; and
 - The recording of the responsibility of individuals creating records.

12.2 The register will be reviewed annually.

13. RETENTION AND DISPOSAL SCHEDULES

13.1 It is a fundamental requirement that all of the UHB's records are retained for a minimum period of time for legal, operational, research and safety reasons. The length of time for retaining records will depend on the type of record and its importance to the UHB's business functions.

13.2 The UHB has adopted the retention periods set out in the Records Management: NHS Code of Practice (detailed in the UHB's Retention Schedules for Health and Non-Health Records). The retention schedule will be reviewed annually. A description of these obligations can be found in the Records Management Code of Practice for Health and Social Care 2016 the document can be accessed on the following web link.

<https://digital.nhs.uk/codes-of-practice-handling-information>

14. RECORDS MANAGEMENT SYSTEMS AUDIT

14.1 The UHB will regularly audit its records management practices for compliance with this framework.

14.2 On-going monitoring and auditing of this policy will be the responsibility of the Corporate Risk Committee as the authorising committee.

14.3 The audit will:

- Identify areas of operation that are covered by the UHB'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, including obtaining feedback where the procedures do not match the desired levels of performance; and
- Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.

14.4 The results of overarching UHB audit will be reported to the Information Governance Group and to the Corporate Risk Committee.

14.5 Individual audits should also take place on a departmental basis to ensure compliance with the policy and associated documentation.

15. TRAINING IMPLICATIONS

15.1 All staff are required to familiarise themselves with this policy and ensure they are fully aware of their responsibilities in relation to the management of corporate records within the organisation. Advice, guidance or training on local filing systems should be sought from the line manager initially. Further advice on interpretation of relevant legislation may be sought from the Corporate Services Department.

16. REVIEW

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

• RETENTION/ARCHIVING

17.1 This policy will be archived and stored in line with the UHB's Retention Schedules for Health and Non-Health Records.

NON CONFORMANCE

18.1 Non-conformance of this policy and associated documentation may result in disciplinary action under the relevant UHB Policy.

• EQUALITY IMPACT ASSESSMENT STATEMENT

EIA form has been approved

REFERENCES

- i. Access to Health Records Act 1990
- ii. Caldicott Principles & Recommendations
- iii. Common Law Duty of Confidentiality
- iv. Computer Misuse Act 1990
- v. Connecting For Health: A Model Records Management Policy

- vi. <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care>
- vii. General Data Protection Regulation 2016
- viii. Data Protection Act 2018
- ix. Environmental Information Regulations 2004
- x. Freedom of Information Act 2000
- xi. Human Rights Act 1998
- xii. Medical Reports Act 1988
- xiii. NHS Confidentiality Code of Practice
- xiv. Public Records Act 1958
- xv. WHC (2000) 71 – For the Record
- xvi. WHC (2000) 13 & WHC (2000) 57 – Corporate Governance in the NHS in Wales

Appendix A - Records Held by Health and Social Care Organisations

1. Care Records with standard retention periods

- Adult health records
- Adult social care records
- Children's records including midwifery, health visiting and school nursing
- Electronic Patient Records Systems
- General Dental Services records
- GP patient records
- Mental Health records
- Obstetric records, maternity records and antenatal and post-natal records

2. Care Records with non-standard retention periods

- Cancer/oncology - the oncology records of any patient
- Contraception, sexual health, family planning and Genito-Urinary Medicine (GUM)
- Human Fertilisation & Embryology Authority (HFEA) records of treatment provided in licenced treatment centres
- Medical record of a patient with Creutzfeldt-Jakob disease (CJD)
- Record of long term illness or an illness that may reoccur

3. Pharmacy Records

- Information relating to controlled drugs
- Pharmacy prescription records - see also Information relating to controlled drugs

4. Pathology Records

- Pathology Reports/Information about specimens and samples

5. Event & Transaction Records

- Blood bank register
- Clinical Audit
- Chaplaincy records
- Clinical Diaries
- Clinical Protocols
- Data sets released by HSCIC under a data sharing agreement
- Destruction Certificates or Electronic Metadata destruction stub or record of clinical information held on destroyed physical media
- Equipment maintenance logs

- General Ophthalmic Services patient records related to NHS financial transactions
- GP temporary resident forms
- Inspection of equipment records
- Notifiable disease book
- Operating theatre records
- Pathology Reports/Information about Specimens and samples
- Patient Property Books
- Referrals not accepted
- Requests for funding for care not accepted Page 46 of 80 Published by the Information Governance Alliance – July 2016
- Screening, including cervical screening and information where no cancer/illness is detected
- Smoking cessation
- Transplantation Records
- Ward handover sheet

6. Telephony Systems & Services Records - 999 phone numbers, 111 phone numbers, ambulance, out of hours and single point of contact call centres.

- Recorded conversation which may later be needed for clinical negligence purpose
- Recorded conversation which forms part of the health record
- The telephony systems record

7. Births, Deaths & Adoption Records

- Birth Notification to Child Health
- Birth Registers
- Body Release Forms
- Death - cause of death certificate counterfoil
- Death register information sent to General Registry Office on monthly basis
- Local Authority Adoption Record (normally held by the local authority children's services)
- Mortuary records of deceased
- Mortuary Register
- NHS medicals for adoption records
- Post Mortem records

8. Clinical Trials & Research Records

- Advanced Medical Therapy Research Master File
- Clinical Trials Master File of a trial authorised under the European portal under Regulation (EU) No 536/2014
- European Commission Authorisation (certificate or letter) to enable marketing and sale within the EU member states' area
- Research data sets
- Research Ethics Committee's documentation for research proposal

- Research Ethics Committee's minutes and papers

9. Corporate Governance Records

- Board Meetings
- Board Meetings (Closed Boards)
- Chief Executive records
- Committees Listed in the Scheme of Delegation or that report into the Board and major projects
- Committees/Groups/sub-committees not listed in the Scheme of Delegation
- Destruction Certificates or Electronic Metadata destruction stub or record of information held on destroyed physical media
- Incidents (serious)
- Incidents (not serious)
- Non-Clinical Quality Assurance Records
- Patient Advice and Liaison Service (PALS) records Page 47 of 80 Published by the Information Governance Alliance – July 2016
- Policies, strategies and operating procedures including business plans

10. Communications

- Intranet site
- Patient information leaflets
- Press releases and important internal communications
- Public consultations
- Website

11. Staff Records & Occupational Health

- Duty Roster (Staff providing Care)
- Exposure monitoring information
- Occupational Health Reports
- Occupational Health Report of Staff member under health surveillance
- Occupational Health Report of Staff member under health surveillance where they have been subject to radiation doses
- Staff Record
- Staff Record Summary
- Timesheets (original record)
- Staff Training records

12. Procurement

- Contracts sealed or unsealed
- Contracts - financial approval files
- Contracts - financial approved suppliers' documentation
- Tenders (successful)
- Tenders (unsuccessful)

13. Estates

- Building plans and records of major building work
- CCTV
- Equipment monitoring and testing and maintenance work where asbestos is a factor
- Equipment monitoring and testing and maintenance work
- Inspection reports
- Leases
- Minor building works
- Photographic collections of service locations and events and activities
- Radioactive Waste
- Sterilix Endoscopic Disinfectant Daily Water Cycle Test, Purge Test, Ninhydrin Test
- Surveys

14. Finance Records

- Accounts
- Benefactions
- Debtor records cleared
- Debtor records not cleared
- Donations
- Expenses
- Final annual accounts report
- Financial records of transactions
- Petty cash Page 48 of 80 Published by the Information Governance Alliance – July 2016
- Private Finance initiative (PFI) files
- Salaries paid to staff
- Superannuation records

15. Legal, Complaints & Information Rights

- Complaints case file
- Fraud case files
- Freedom of Information (FOI) requests and responses and any associated correspondence
- FOI requests where there has been a subsequent appeal
- Industrial relations including tribunal case records
- Litigation records
- Patents / trademarks / copyright / intellectual property
- Software licences
- Subject Access Requests (SAR) and disclosure correspondence
- Subject access requests where there has been a subsequent appeal

Appendix A - Records Management Code of Practice for Health and Social Care 2016 Retention Schedules

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

No .	Broad descriptor	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.
1	Care Records with standard retention periods	Adult social care records	End of care or client last seen	8 years	Review and if no longer needed destroy	

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

1	Care Records with standard retention periods	GP Patient records	Death of Patient	10 years after death see Notes for exceptions	Review and if no longer needed destroy	<p>If a new provider requests the records, these are transferred to the new provider to continue care. If no request to transfer:</p> <ol style="list-style-type: none"> 1. Where the patient does not come back to the practice and the records are not transferred to a new provider the record must be retained for 100 years unless it is known that they have emigrated 2. Where a patient is known to have emigrated, records may be reviewed and destroyed after 10 years 3. If the patient comes back within the 100 years, the retention reverts to 10 years after death.
1	Care Records with standard retention periods	Mental Health records	Discharge or patient last seen	20 years or 8 years after the patient has died	Review and if no longer needed destroy	<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. 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>
1	Care Records with standard retention periods	Obstetric records, maternity records and antenatal and post natal records	Discharge or patient last seen	25 years	Review and if no longer needed destroy	<p>For the purposes of record keeping these records are to be considered as much a record of the child as that of the mother.</p>

2	Care Records with Non-Standard Retention Periods	Cancer/Onco logy - the oncology records of any patient	Diagnosis of Cancer	30 Years or 8 years after the patient has died	Review and consider transfer to a Place of Deposit	For the purposes of clinical care the diagnosis records of any cancer must be retained in case of future reoccurrence. Where the oncology records are in a main patient file the entire file must be retained. Retention is applicable to primary acute patient record of the cancer diagnosis and treatment only. If this is part of a wider patient record then the entire record may be retained. Any oncology records must be reviewed prior to destruction taking into account any potential long term research value which may require consent or anonymisation of the record.
2	Care Records with Non-Standard Retention Periods	Contraception, sexual health, Family Planning and Genito-Urinary Medicine (GUM)	Discharge or patient last seen	8 or 10 years (see Notes)	Review and if no longer needed destroy	Basic retention requirement is 8 years unless there is an implant or device inserted, in which case it is 10 years. All must be reviewed prior to destruction taking into account any serious incident retentions. If this is a record of a child, treat as a child record as above.
2	Care Records with Non-Standard Retention Periods	HFEA records of treatment provided in licenced treatment centres		3, 10, 30, or 50 years	Review and if no longer needed destroy	Retention periods are set out in the HFEA guidance at: http://www.hfea.gov.uk/docs/General_directions_0012.pdf
2	Care Records with Non-Standard Retention Periods	Medical record of a patient with Creutzfeldt-Jakob Disease (CJD)	Diagnosis	30 Years or 8 years after the patient has died	Review and consider transfer to a Place of Deposit	For the purposes of clinical care the diagnosis records of CJD must be retained. Where the CJD records are in a main patient file the entire file must be retained. All must be reviewed prior to destruction taking into account any serious incident retentions.
2	Care Records with Non-Standard	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.

	Retention Periods					
3	Pharmacy	Information relating to controlled drugs	Creation	See Notes	Review and if no longer needed destroy	<p>NHS England and NHS BSA guidance for controlled drugs can be found at: http://www.nhsbsa.nhs.uk/PrescriptionServices/1120.aspx and https://www.england.nhs.uk/wp-content/uploads/2013/11/som-cont-drugs.pdf The Medicines, Ethics and Practice (MEP) guidance can be found at the link (subscription required) http://www.rpharms.com/support/mep.asp#new Guidance from NHS England is that locally held controlled drugs information should be retained for 7 years.</p> <p>NHS BSA will hold primary data for 20 years and then review. NHS East and South East Specialist Pharmacy Services have prepared pharmacy records guidance including a specialised retention schedule for pharmacy. Please see: http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Reports-Bulletins/Retention-of-pharmacy-records/</p>

3	Pharmacy	Pharmacy prescription records <i>see also Controlled Drugs</i>	Discharge or patient last seen	2 Years	Review and if no longer needed destroy	See also 'Controlled Drugs'. There will also be an entry in the patient record and a record held by the NHS Business Services Authority. NHS East and South East Specialist Pharmacy Services have prepared pharmacy records guidance including a specialised retention schedule for pharmacy. Please see: http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Reports-Bulletins/Retention-of-pharmacy-records/
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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 is to be kept. For more details please see: 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. It is common for pathologists to hold duplicate reports. For clinical purposes this is 8 years after the patient is discharged for an adult or until a child's 25th birthday whichever is the longer. . After 20 years for adult records there must be an appraisal as to the historical importance of the information and a decision made as to whether they should be destroyed or kept for archival value.</p>
5	Event & Transaction Records	Blood bank register	Creation	30 Years minimum	Review and consider transfer to a Place of Deposit	
5	Event & Transaction Records	Clinical Audit	Creation	5 years	Review and if no longer needed destroy	

5	Event & Transaction Records	Chaplaincy records	Creation	2 years	Review and consider transfer to a Place of Deposit	See also Corporate Retention
5	Event & Transaction Records	Clinical Diaries	End of the year to which they relate	2 years	Review and if no longer needed destroy	Diaries of clinical activity & visits must be written up and transferred to the main patient file. If the information is not transferred the diary must be kept for 8 years.
5	Event & Transaction Records	Clinical Protocols	Creation	25 years	Review and consider transfer to a Place of Deposit	Clinical protocols may have archival value. They may also be routinely captured in clinical governance meetings which may form part of the permanent record (see Corporate Records).
5	Event & Transaction Records	Datasets released by HSCIC under a data sharing agreement	Date specified in the data sharing agreement	Delete with immediate effect	Delete according to HSCIC instruction	http://www.hscic.gov.uk/media/15729/DARS-Data-Sharing-Agreement/pdf/Data_Sharing_Agreement_2015v2%28restricted_editing%29.pdf
5	Event & Transaction Records	Destruction Certificates or Electronic Metadata destruction stub or record of clinical information	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.

		held on destroyed physical media				
5	Event & Transaction Records	Equipment maintenance logs	Decommissioning of the equipment	11 years	Review and consider transfer to a Place of Deposit	
5	Event & Transaction Records	General Ophthalmic Services patient records related to NHS financial transactions	Discharge or patient last seen	6 Years	Review and if no longer needed destroy	
5	Event & Transaction Records	GP temporary resident forms	After treatment	2 years	Review and if no longer needed destroy	Assumes a copy sent to responsible GP for inclusion in the primary care record
5	Event & Transaction Records	Inspection of equipment records	Decommissioning of equipment	11 Years	Review and if no longer needed destroy	
5	Event & Transaction Records	Notifiable disease book	Creation	6 years	Review and if no longer needed destroy	

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

5	Event & Transaction Records	Ward handover sheet	Date of handover	2 years	Review and if no longer needed destroy	This retention relates to the ward. The individual sheets held by staff must be destroyed confidentially at the end of the shift.
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
6	Telephony Systems & Services (999 phone numbers, 111 phone numbers, ambulance, out of hours, single point of contact call centres).	Recorded conversation which forms part of the health record	Creation	Store as a health record	Review and if no longer needed destroy	It is advisable to transfer any relevant information into the main record through transcription or summarisation. Call handlers may perform this task as part of the call. Where it is not possible to transfer clinical information from the recording to the record the recording must be considered as part of the record and be retained accordingly.
6	Telephony Systems & Services (999 phone numbers, 111 phone numbers, ambulance, out of hours, single	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.

	point of contact call centres).					
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.
7	Births, Deaths & Adoption Records	Birth Registers	Creation	2 years	Review and actively consider transfer to a Place of Deposit	Where registers of all the births that have taken place in a particular hospital/birth centre exist, these will have archival value and should be retained for 25 years and offered to a Place of Deposit at the end of this retention period. Information is also held in the NHS Number for Babies (NN4B) electronic system and by the Office for National Statistics. Other information about a birth must be recorded in the care record.
7	Births, Deaths & Adoption Records	Body Release Forms	Creation	2 years	Review and consider transfer to a Place of Deposit	
7	Births, Deaths & Adoption Records	Death - cause of death certificate counterfoil	Creation	2 years	Review and consider transfer to a Place of Deposit	

7	Births, Deaths & Adoption Records	Death register information sent to General Registry Office on monthly basis	Creation	2 years	Review and consider transfer to a Place of Deposit	A full dataset is available from the Office for National Statistics.
7	Births, Deaths & Adoption Records	Local Authority Adoption Record (normally held by the Local Authority children's services)	Creation	100 years from the date of the adoption order	Review and consider transfer to a Place of Deposit	The primary record of the adoption process is held by the local authority children's service responsible for the adoption service
7	Births, Deaths & Adoption Records	Mortuary Records of deceased	End of year to which they relate	10 Years	Review and consider transfer to a Place of Deposit	
7	Births, Deaths & Adoption Records	Mortuary register	Creation	10 Years	Review and consider transfer to a Place of Deposit	

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

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

8	Clinical Trials & Research	Research Ethics Committee's minutes and papers	Year to which they relate	Before 20 years	Review and consider transfer to a Place of Deposit	Committee papers must be transferred to a place of deposit as a public record: http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/
9	Corporate Governance	Board Meetings	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	
9	Corporate Governance	Board Meetings (Closed Boards)	Creation	May retain for 20 years	Transfer to a Place of Deposit	Although they may contain confidential or sensitive material they are still a public record and must be transferred at 20 years with any FOI exemptions noted or duty of confidence indicated.
9	Corporate Governance	Chief Executive records	Creation	May retain for 20 years	Transfer to a Place of Deposit	This may include emails and correspondence where they are not already included in the board papers and they are considered to be of archival interest.
9	Corporate Governance	Committees Listed in the Scheme of Delegation or that report into the Board and major projects	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	

9	Corporate Governance	Committees/ Groups / Sub-committees not listed in the scheme of delegation	Creation	6 Years	Review and if no longer needed destroy	Includes minor meetings/projects and departmental business meetings
9	Corporate Governance	Destruction Certificates or Electronic Metadata destruction stub or record of information held on destroyed physical media	Destruction of record or information	20 Years	Consider Transfer to a Place of Deposit and if no longer needed to destroy	The Public Records Act 1958 limits the holding of records to 20 years unless there is an instrument issued by the Minister with responsibility for administering the Public Records Act 1958. If records are not excluded by such an instrument they must either be transferred to a place of deposit as a public record or destroyed 20 years after the record has been closed.
9	Corporate Governance	Incidents (serious)	Date of Incident	20 Years	Review and consider transfer to a Place of Deposit	
9	Corporate Governance	Incidents (not serious)	Date of Incident	10 Years	Review and if no longer needed destroy	
9	Corporate Governance	Non-Clinical Quality Assurance Records	End of year to which the assurance relates	12 years	Review and if no longer needed destroy	
9	Corporate Governance	Patient Advice and Liaison Service	Close of financial year	10 years	Review and if no longer needed destroy	

		(PALS) records				
9	Corporate Governance	Policies, strategies and operating procedures including business plans	Creation	Life of organisation plus 6 years	Review and consider transfer to a Place of Deposit	
9	Corporate Governance	Common Seal	Creation	15 years	Review and consider transfer to a Place of Deposit	All contracts under seal and associated records should be kept for a minimum of 15 years after which they should be reviewed, though the action for the end of the retention period is 'to consider permanent preservation'.
10	Communications	Intranet site	Creation	6 years	Review and consider transfer to a Place of Deposit	
10	Communications	Patient information leaflets	End of use	6 years	Review and consider transfer to a Place of Deposit	
10	Communications	Press releases and important internal communications	Release Date	6 years	Review and consider transfer to a Place of Deposit	Press releases may form a significant part of the public record of an organisation which may need to be retained

10	Communications	Public consultations	End of consultation	5 years	Review and consider transfer to a Place of Deposit	
10	Communications	Website	Creation	6 years	Review and consider transfer to a Place of Deposit	
11	Staff Records & Occupational Health	Duty Roster	Close of financial year	6 years	Review and if no longer needed destroy	
11	Staff Records & Occupational Health	Exposure Monitoring information	Monitoring ceases	40 years/5 years from the date of the last entry made in it	Review and if no longer needed destroy	A) Where the record is representative of the personal exposures of identifiable employees, for at least 40 years or B) In any other case, for at least 5 years.
11	Staff Records & Occupational Health	Occupational Health Reports	Staff member leaves	Keep until 75th birthday or 6 years after the staff member leaves whichever is sooner	Review and if no longer needed destroy	

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

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

12	Procurement	Tenders (unsuccessful)	Award of tender	6 years	Review and if no longer needed destroy	
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
13	Estates	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.
13	Estates	Equipment monitoring and testing and maintenance work where asbestos is a factor	Completion of monitoring or test	40 years	Review and if no longer needed destroy	

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

13	Estates	Sterilix Endoscopic Disinfector Daily Water Cycle Test, Purge Test, Nynhydrin Test	Date of test	11 years	Review and if no longer needed destroy	
13	Estates	Surveys	End of lifetime of installation or building	Lifetime of installation or building	Review and consider transfer to Place of Deposit	
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
14	Finance	Benefactions	End of financial year	8 years	Review and consider transfer to Place of Deposit	These may already be in the financial accounts and may be captured in other records/reports or committee papers. Where benefactions endowment trust fund/legacies - permanent retention.
14	Finance	Debtor records cleared	Close of financial year	2 years	Review and if no longer needed destroy	
14	Finance	Debtor records not cleared	Close of financial year	6 years	Review and if no longer needed destroy	
14	Finance	Donations	Close of financial year	6 years	Review and if no longer needed destroy	

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

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>
15	Legal, Complaints & information Rights	Fraud case files	Case closure	6 years	Review and if no longer needed destroy	
15	Legal, Complaints & information Rights	Freedom of Information (FOI) requests and responses and any associated correspondence	Closure of FOI request	3 years	Review and if no longer needed destroy	Where redactions have been made it is important to keep a copy of the redacted disclosed documents or if not practical to keep a summary of the redactions.
15	Legal, Complaints & information Rights	FOI requests where there has been a subsequent appeal	Closure of appeal	6 years	Review and if no longer needed destroy	
15	Legal, Complaints & information Rights	Industrial relations including tribunal case records	Close of financial year	10 Years	Review and consider transfer to a Place of Deposit	Some organisations may record these as part of the staff record but in most cases they will form a distinct separate record either held by the staff member/manager or by the payroll team for processing.

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