



Records Management Policy and Procedures

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Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
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V2.0	December 2009	Minimum changes made to retention schedule
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V8.1	21 January 2021	Approved by Information Governance Group
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Document Reference	Records Management Code of Practice for Health and Social Care
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Equality Analysis	Completed
Linked procedural documents	Patient Care Record Policy
Dissemination requirements	All managers and staff via email and intranet. To be published on the Trust’s public web site
Part of Trust’s publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

The East of England Ambulance Service NHS Trust's (EEAST) 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 EEAST 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.

The importance of sound records management is outlined in the Records Management Code of Practice for Health and Social Care. This document is a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice and has been endorsed by the Information Governance Group as best practice and will be utilised in the development of this records management policy and procedures.

The Board has adopted this Records Management Policy and Procedures document as it has determined that the organisational benefits of doing so 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.
- Improved use of environmental resources
- Improved governance arrangements around trust records

2. Scope

This policy relates to all records held in any format by the Trust.

3. Duties

3.1 Chief Executive

The Chief Executive, as accountable officer, has overall responsibility for records management in EEAST. Records management is key to service delivery

and continuity as it will ensure appropriate and accurate information is available when required.

3.2 Caldicott Guardian

The Caldicott Guardian is responsible for reflecting patients' interests regarding the use of patient identifiable information and ensuring patient identifiable information is shared in an appropriate and secure manner.

3.3 Director of Finance and Commissioning

The Director of Director of Finance and Commissioning as Senior Information Risk Owner (SIRO) for the Trust is responsible for reporting to the Board on any records management issues.

3.4 Compliance and Risk Group

The Compliance and Risk Group shall receive reports and notes of meetings from Information Governance Group as often as requested or required.

3.5 Information Governance Group

The Information Governance Group (IGG) has responsibility for receiving any breaches of this policy in respect of the inappropriate release or loss of information and for monitoring any action plans implemented as a result.

3.6 Head of Governance

The Head of Governance is responsible for ensuring that appropriate systems are in place for the effective and secure administration, storage, archiving, retention and destruction of all records.

3.7 Data Protection Officer

The Data Protection Officer is responsible for informing and advising the Trust about its obligations to comply with the UK GDPR and other data protection laws, as well as monitoring compliance with these.

3.8 Information Governance Manager

The Information Governance Manager has designated responsibility for records management and to ensure that the appropriate systems are monitored and audited as required, as well as ensuring that any local processes support national policy and processes.

3.9 Corporate Records Manager/Fol Officer

The Corporate Records Manager/Fol Officer is responsible for ensuring that this policy is implemented and that the records management system and processes are developed, coordinated and monitored.

3.10 Clinical Records Manager/Fol Officer

The Clinical Records Manager/Fol Officer has responsibility for the scanning and safe destruction of paper PCRs when they are received, as well as the electronic archive of scanned PCR documents.

3.11 Information Governance Team

The Information Governance team has responsibility for the safe archiving, retention and storage of all records and for their safe destruction in line with relevant guidance and legislation.

3.12 All Staff

All staff who create, receive and use records have records management responsibilities; in particular, ensuring that they keep appropriate records of their work at EEAST. As well as managing those records in keeping with this policy, established information security and governance best practices, and with any further guidance subsequently produced.

3.13 Legal and Professional Obligations

All NHS records are Public Records under the Public Records Acts. EEAST will take action as necessary to comply with the legal and professional obligations set out in the current Records Management Code of Practice for Health and Social Care, in particular:

- The Public Records Act 1958;
- The Data Protection Act 2018;
- The Freedom of Information Act 2000;
- The Common Law Duty of Confidentiality; and
- The NHS Confidentiality Code of Practice.

and any new legislation affecting records management as it arises.

3.14 Consultation and Communications with Stakeholders

EEAST is committed to involving staff and key stakeholders in the development, review and monitoring of key procedural documents. As such, relevant stakeholders have been consulted to ensure that their views have been taken on board in the development of this document.

4. Definitions

4.1 Records Management

The key components of records management are:

- record creation;
- record keeping (records library including file name, file category/structure, reference);
- record maintenance (including tracking of record movements);
- access and disclosure;
- closure and transfer;
- appraisal;
- archiving; and
- disposal.

4.2 Records Creation / Records Life Cycle

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.

4.3 Record Keeping / Filing Reference

In this policy, Records are defined as 'recorded information, in any form, created or received and maintained by EEAST in the transaction of its business or conduct of affairs and kept as evidence of such activity'. ISO 15489-1 advises that organisations:

- Create and capture records to meet requirements for evidence of business activity
- Take appropriate action to protect the authenticity, reliability, integrity and usability of records, as well as their business context, and to identify requirements for their management over time.

An effective records management system will enable the Trust to track and trace all records.

4.4 Information

Information is a corporate asset. Records are important sources of administrative, evidential and historical information.

4.5 Safe Haven

The term ‘Safe Haven’ describes an agreed set of procedures to ensure the safe and secure handling of confidential information. It can also be considered to be a location within an organisation where confidential information is both received and stored in a secure manner. Safe haven procedures should be in place in any location where confidential information is received, held or communicated, especially information of a sensitive nature.

4.6 Personal Information

Personal data is defined as Information relating to an identified or identifiable natural person (‘data subject’); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

4.7 Sensitive Information

Special category data (formerly known as sensitive data) is more sensitive, and so needs more protection. For example, information about an individual’s:

- race;
- ethnic origin;
- politics;
- religion;
- trade union membership;
- genetics;
- biometrics (where used for ID purposes);
- health;
- sex life; or
- sexual orientation.

4.8 Corporate Information

Corporate information relating to EEAST business may or may not be confidential in its nature. Some information (such as financial accounts and board minutes) are considered to be publicly disclosable and are available via the Freedom of Information Act and the EEAST website publication scheme. Other information is more confidential in its nature and its disclosure may be restricted.

Staff should take particular care when disclosing corporate information. If in any doubt staff should check first with their line manager, the Caldicott Guardian or the Information Governance team.

5. Document Development

5.1 Identification of Stakeholders

The stakeholders for this document are all staff who create, receive, retain, archive or dispose of records.

5.2 Responsibility for Document's Development

The Corporate Records Manager/Fol Officer is responsible for the development and review of this document; recommending responsibility lies with the Information Governance Group.

6. Aims of our Records Management System

The aims of our Records Management System are to ensure that:

- **records are available when needed** - to ensure EEAST has all relevant information to hand as and when required;
- **records can be accessed** - records can be located easily, and that the current version is identified where multiple versions exist;
- **records can be interpreted** - the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records;
- **records can be trusted** – the record's integrity and authenticity can be demonstrated;
- **records can be maintained through time** – the records is available and accessible throughout its lifecycle.

- **records are secure** - from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled and audit trails will track all use and changes. To ensure that records are held in a robust format which remains readable for as long as records are required;
- **records are retained and disposed of appropriately** - using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservation of records with archival value; and
- **staff are trained** - so all staff are aware of their responsibilities for record-keeping and record management.

7. Managing Records Retained On-site

All staff must manage any records they create or receive as part of their role at EEAST. Records must be easily retrievable and securely retained for as long as required in line with the Record Retention Schedule (see Appendix F).

The following are some guidelines for effectively managing your records in-house:

- Ensure that all files are clearly labelled and organised in a manner that aids retrieval
- Regular appraisal of records ensures that only those which are used regularly and need to be retained in-house are stored onsite. Other documents can either be archived or disposed of as per the retention schedules in Appendix G.
- Duplicates should not be retained
- Documents should be retained in electronic format where possible to reduce the need for physical storage space both on and off-site.

Records should be reviewed regularly and any inactive records, unnecessary duplicates, and/or records that have reached the end of their retention period should be securely destroyed.

8. Retrieval and Archiving

For the retrieval and archiving of records, please refer to Appendices A & B.

9. Retention and Disposal Schedules

All EEAST records must be retained for a minimum period of time for legal, operational, research and safety reasons. The length of time will depend on the type of record and its importance to the business functions.

EEAST has adopted the retention periods set out in the current Records Management Code of Practice for Health and Social Care, please see Appendix F.

10. Safe Haven

Safe Haven procedures ensure that all confidential information that enters or leaves EEAST is handled and accessed in a controlled manner, and that the privacy and confidentiality of personal information is maintained.

Any area or department that routinely handles confidential person-identifiable information must follow the safe haven procedures below.

10.1 Safe Haven Faxes

See Appendix H for information regarding Safe Haven faxes

10.2 Incoming and Outgoing Letter Mail

When transferring information by mail, the following procedures should be followed:

Check the name, department and address of the intended recipient.

Outgoing mail should be sealed securely and marked “Private and confidential, to be opened by addressee only”.

Ensure that a return address is recorded on the outside of the envelope and a compliment slip with the sender’s details is contained in the envelope to allow safe return in the event of loss or damage to the package/envelope.

Where possible, send a photocopy of the information, rather than originals.

If the information is considered to be highly sensitive, consider if the item should be sent by courier or registered post.

All incoming mail containing patient or personal information should be opened away from public areas and by the addressee only.

10.3 Sending patient information electronically

Access to computers must be password protected and where personal information is displayed the screens must be positioned in such a way as to prevent anyone overlooking them.

Any personal information received must be stored appropriately on the EEAST network.

Senders must ensure emails are sent to the correct address, marked as 'confidential' where necessary and that an audit trails of those emails sent and received is retained.

Person-identifiable or sensitive information should not be sent electronically via any other route unless there is evidence that the route is secure. Advice should be sought from the Trust's IM&T or IG Teams before sending.

Email messages should also contain a corporate warning in the event that they should reach anyone other than the intended recipient e.g.

The information contained in this transmission is confidential. It is intended for the addressee (s) only. If you are not the addressee you should not disclose, copy or circulate the information used in this transmission. Such unauthorised use may be unlawful. If you have received this transmission in error, please notify the sender immediately.

10.4 Telephone

Any request for patient information made during a telephone call should not be disclosed without first confirming the identity of the person requesting the information:

Ask the caller to confirm their name, job title, department and organisation, and the reason for their request.

If in doubt, take a contact number for the requester and call them back when the validity of their request has been confirmed, and that the person has the right to receive the information.

Mobile phones should not be used to communicate personal or sensitive information as they are less secure than land lines. Personal information should not be sent by text message.

If voicemail and answering machines are used by departments, they should be set up so that messages left are recorded silently. Staff should take care

when playing back messages so that they are not overheard by unauthorised personnel.

When an answering machine is receiving messages which may be confidential it should be protected by pin number access or in a locked room (when unattended) to prevent unauthorised access.

Return the call only to the person who requested the information

If you have to give patient or personal information over the telephone, be aware of others who may be able to hear your conversation and do not provide more information that is necessary.

Do not leave patient or personal information on an answer phone, unless you are sure that the answer phone is in a safe haven environment.

Ensure that you record your name, the date and time of disclosure, the reason, who authorised disclosure (if authorisation was sought) and the recipient's details in the patient's record.

10.5 Transporting Patient Information

Care should be taken to ensure that patient information is only taken off site when absolutely necessary. When selecting the most suitable delivery option for documents it is important to pay strict attention to the information classification level and to any possible security risk. See the Trust's Confidentiality Code of Conduct for further information.

If information is taken off site:

Record what information is being taken off site, the reason why, and where or to whom it is being taken.

The information must be transported in a secure manner.

The information should not be left unattended or be made available to any unauthorised person.

The information should be returned as soon as possible and the return should be recorded.

Where the bulk transfer of personally identifiable information is required, special precautions should be agreed by the IM&T and IG Teams prior to transfer. All portable media must be encrypted to approved NHS standards

and sent by secure courier. Where the transfer is internal (i.e. between different sites and departments) then transport should be via an individual member of staff where possible. Containers should be ‘tamper evidenced’, i.e. it should be possible to tell if a seal has been broken in transit.

All transfers of personally identifiable information should be marked confidential and should have a return address on the outside in the event of non-delivery. They should be clearly addressed, preferably to a named person.

10.6 Manual Records

Manual Records containing patient or personal information must be kept in a secure environment and securely locked away when unattended. Patient records must be kept face-down when in public areas, and not left unattended.

10.7 Notice Boards

Patient and personal information should not be displayed on notice boards.

10.8 Record Keeping

All losses or unauthorised releases of information must be recorded on the Datix Risk Management System in line with the Trust’s risk management procedures.

11. Equality Analysis

An Equality Analysis has been undertaken for this document, see Appendix K.

12. Dissemination and Implementation

12.1 Dissemination

This document will be stored in the online Document Library for all Trust staff to access; it will also be publicised using relevant EEAST internal publications.

12.2 Implementation

All staff will be made aware of their responsibilities for record-keeping and record management through generic and specific training programmes and guidance as defined within the Training Needs Analysis contained within the EEAST Learning & Development Policy.

13. Process for Monitoring Compliance and Effectiveness

EEAST will monitor this policy for compliance through various streams (see Appendix J).

EEAST will also consider the risks of Records Management within its Internal Audit Programme and if appropriate will add to the annual programme for auditing.

The results of any audits undertaken in relation to Records Management will be reported to the Trust Board via the Audit Committee, Information Governance Group and Compliance and Risk Group.

14. Standards/Key Performance Indicators

Details of the standards and KPIs are included in Appendix J.

15. References

Records Management: NHS Code of Practice

Public Records Act 1958

Data Protection Act 2018

Freedom of Information Act 2000

16. Associated Documents

Records Management Framework and Guidelines

Appendices

Appendix A Patient Records Management Procedures

Appendix B Corporate Records Management Procedures

Appendix C Flow Chart for Archiving Records Off-site

Appendix D Flow Chart for Retrieval of PCR Stored On-site

Appendix E Flow Chart for Retrieval of PCR Stored Off-site

Appendix F Retention Schedule Appendix G Safe Haven Faxes

Appendix H Example of the notice to be displayed in Safe Havens

Appendix I Fax Cover Sheet Template Appendix J Monitoring Table

Appendix K Equality Analysis

Appendix A – Patient Records Management Procedures

Archiving

Locality offices

Upon receipt of paper Patient Care Records (PCRs) from stations, the nominated staff at the three locality offices will:

- record the date PCRs are received,
- the ambulance base or officer they came from.

Any stations submitting paper PCRs that exceed the 14 day standard will be contacted by the relevant locality office and the Clinical Records Manager/FoI Officer notified of any outcomes.

Operational management should receive reports from Area Offices of any weeks PCRs have not been received and of any re-occurring late or inappropriate arrivals.

The records will be prepared and scanned within the relevant locality secure storage area. This area must be kept locked at all times and is restricted to nominated staff only.

The originals of scanned PCRs will be held within the secure area for two weeks post scanning before being placed in the blue 'confidential waste' shredding bins. These bins will be emptied by the contracted secure waste disposal company.

It is extremely important to note that each box of records sent to offsite storage has cost implications, for processing the record/collection, storage for the agreed retention period, and retrieval (if necessary).

Retrieval – Single Patient Care Records

Internal archiving

For those instances when the PCR is currently stored at the locality office:

- Upon receipt of a request on the Sharepoint PCR Request Site, locate the form, scan and return it to storage.

- Attached the scan to the PCR Request Sharepoint Site

Under no circumstances should the original be sent.

For those instances where the PCR has been scanned or ePCR used:

- Upon receipt of the request locate the form within the Formic Fusion© or Siren databases
- Either, email and send to the person making the request or attach to PCR Request Sharepoint Site

External archiving

Only the Records Managers and Information Governance Manager are authorised to request PCRs from the offsite storage provider.

To request a PCR that is stored with the offsite storage provider, the following process must be followed:

- The PCR request must be uploaded to the Sharepoint PCR Request site.
- Once uploaded the Clinical Records Manager/FoI Officer will request the document from the offsite storage provider.
- Once the PCR has been located it will scanned and a secure image sent.
- The Clinical Records Manager/FoI Officer will then attach the scanned PCR to the relevant incident in DATIX.

Retrieval from external archiving – Multiple Days

When physical PCRs for an entire day or multiple days are required these must be requested through the Records Managers and Information Governance Manager.

Retention and Destruction of records

Archived PCRs held off-site will be retained for 30 years from the date of the incident in line with the NHS Retention Schedule defined in Appendix G or until they have been retrieved and scanned.

At the start of each calendar year, the Corporate Records Manager/FoI Officer will the director responsible for patient records for approval to destroy those patient care records that have reached the end of their retention period.

The destruction certificate will be retained by the Corporate Records Manager/FoI Officer.

Mitigating Risk

If for any reason there is an identified or suspected incident relating to the archiving, retrieval or destruction of patient care records including: loss, damage or theft, the Records Managers must be contacted immediately. This will also be reported and investigated through the Trust's DATIX Risk Management system.

Appendix B – Corporate Records Management Procedures

New Archive Box Deposits

This section details the process for sending new boxes to archive.

Preparation

- Request flat pack boxes, New Box Deposit Schedule forms and barcode labels from the Records Managers Records.Management@eastamb.nhs.uk.
- Ideally only inactive records should be archived; records which are required on a regular basis should be retained in-house for as long as possible.
- Remove and reuse all ring binders and lever arch folders; documents should be bound with filing clips (not paper clips or elastic bands as these rust/perish).
- If file retrieval is required then each file must have an identifying name or number clearly written on it to aid retrieval.

Packing

- All records within a single box must have the same or a similar review date (date of the record plus the retention period for the record type as laid down in the Retention Schedule, Appendix G)
- Only boxes supplied by Oasis should be used to archive records
- Boxes must not be over packed; heavy boxes or those where the lid does not sit flat will not be collected.

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- Each new box must have a complete inventory of its contents; this should be entered into the Archive Template (to be requested by emailing Records.Management@eastamb.nhs.uk). A review date must be included for each box, as well as the relevant document type from the retention schedule.
- Each new box must have a unique reference number starting with the department/location code, these codes will be assigned by emailing Records.Management@eastamb.nhs.uk. A central list of numbers for each department in each location must be kept to avoid duplication.
- The unique reference number must be written clearly on the box and nothing else; all other information/details written on the box must be crossed out.
- The number assigned to the box and its review date should be entered into the appropriate fields on the New Box Deposit Schedule form.
- A barcode should then be assigned to each of these new box numbers. The barcode must be placed in the relevant section marked on the box. The barcode number must then be written next to the appropriate box number on the New Box Deposit Schedule form.

Collection

- A copy of the completed Archive Template, including destruction date and document type as listed in the retention schedule should be sent to Records.Management@eastamb.nhs.uk with an email requesting collection.
- The New Box Deposit Schedule should then be copied as the driver will need to take the original.
- The work order supplied by the driver and the New Box Deposit Schedule form should be retained for your records.
- The Corporate Records Manager/FoI Officer and Corporate Records Manager/FoI Officer will retain a complete set of the Archiving Templates to show exactly what records we have sent to offsite storage.

It is extremely important to note that each box of records sent to offsite storage has cost implications, for processing the record/collection, storage for the agreed retention period, and retrieval (if necessary).

Retrievals

To request a record from storage:

- To retrieve a box of records from storage please email Records.Management@eastamb.nhs.uk with the box number of the box you require; the Box-it barcode or the number assigned to it by the Trust can be used.
- To retrieve a file of records from storage please email Records.Management@eastamb.nhs.uk with the name/number of the file and the number of the box it is in.
- To receive a scan back (an electronic scanned image) of a document held in offsite storage, please email Records.Management@eastamb.nhs.uk

A database of all requests and retrievals is held by the Corporate Records Manager/FoI Officer and Clinical Records Manager/FoI Officer

Returns

To return physical records to storage please email Records.Management@eastamb.nhs.uk stating:

- the number of boxes or files you wish to have collected with either the relevant barcode(s) or unique number(s) and
- that these are returns and not new boxes.

Review date

When a box reaches, or is close to, its review date, the head of your department will be contacted to ask if you would like to review the box contents and/or approve destruction of the contents. If the contents are to be retained beyond the retention period as laid out in the Retention Schedule (Appendix G) then this must be outlined in an email to Records.Management@eastamb.nhs.uk

Please note: if you wish to recall the box for inspection you will incur the cost of retrieving the box and then returning it to storage for destruction.

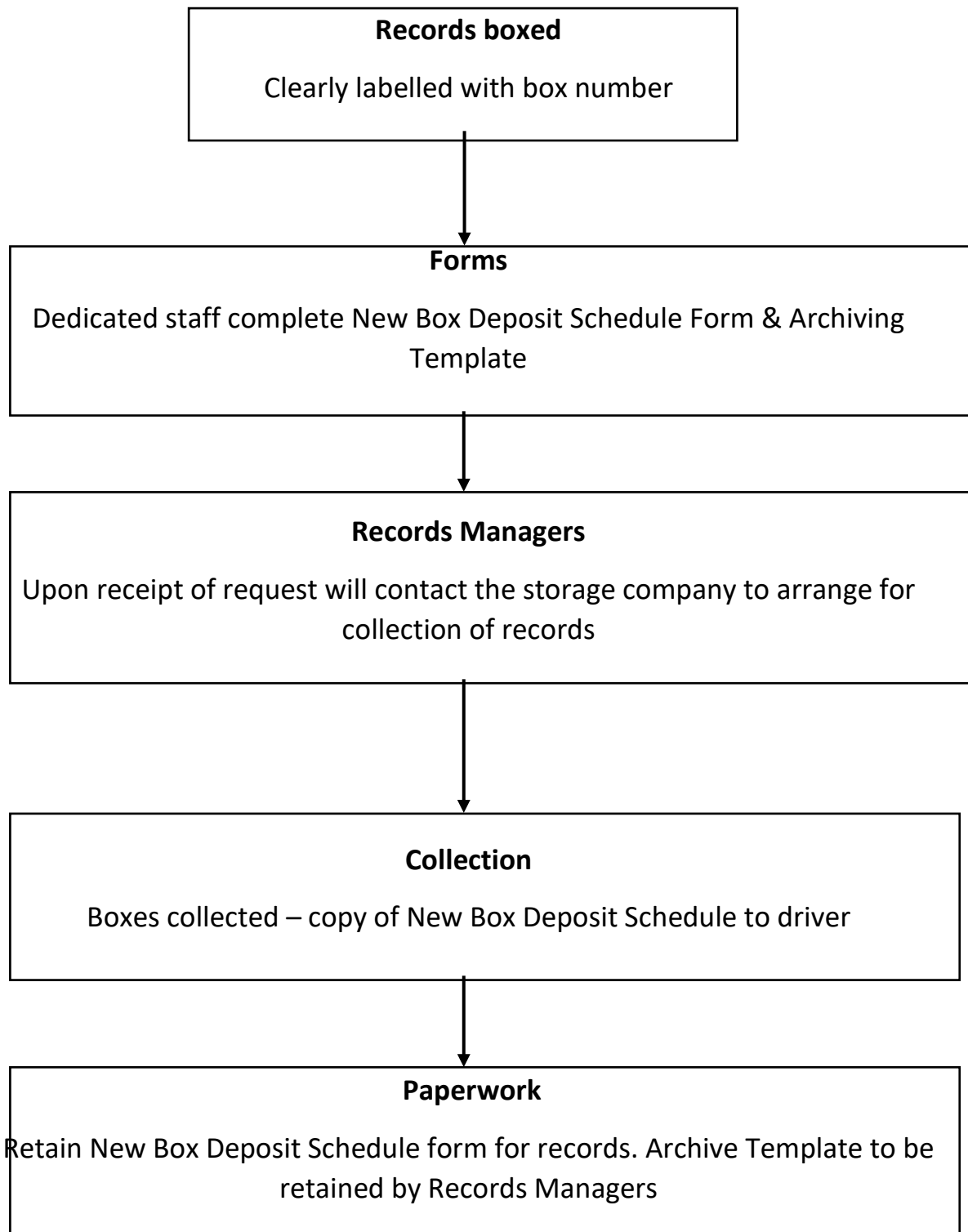
Mitigating Risk

If for any reason there is an identified or suspected incident relating to the archiving, retrieval or destruction of records including: loss, damage or theft,

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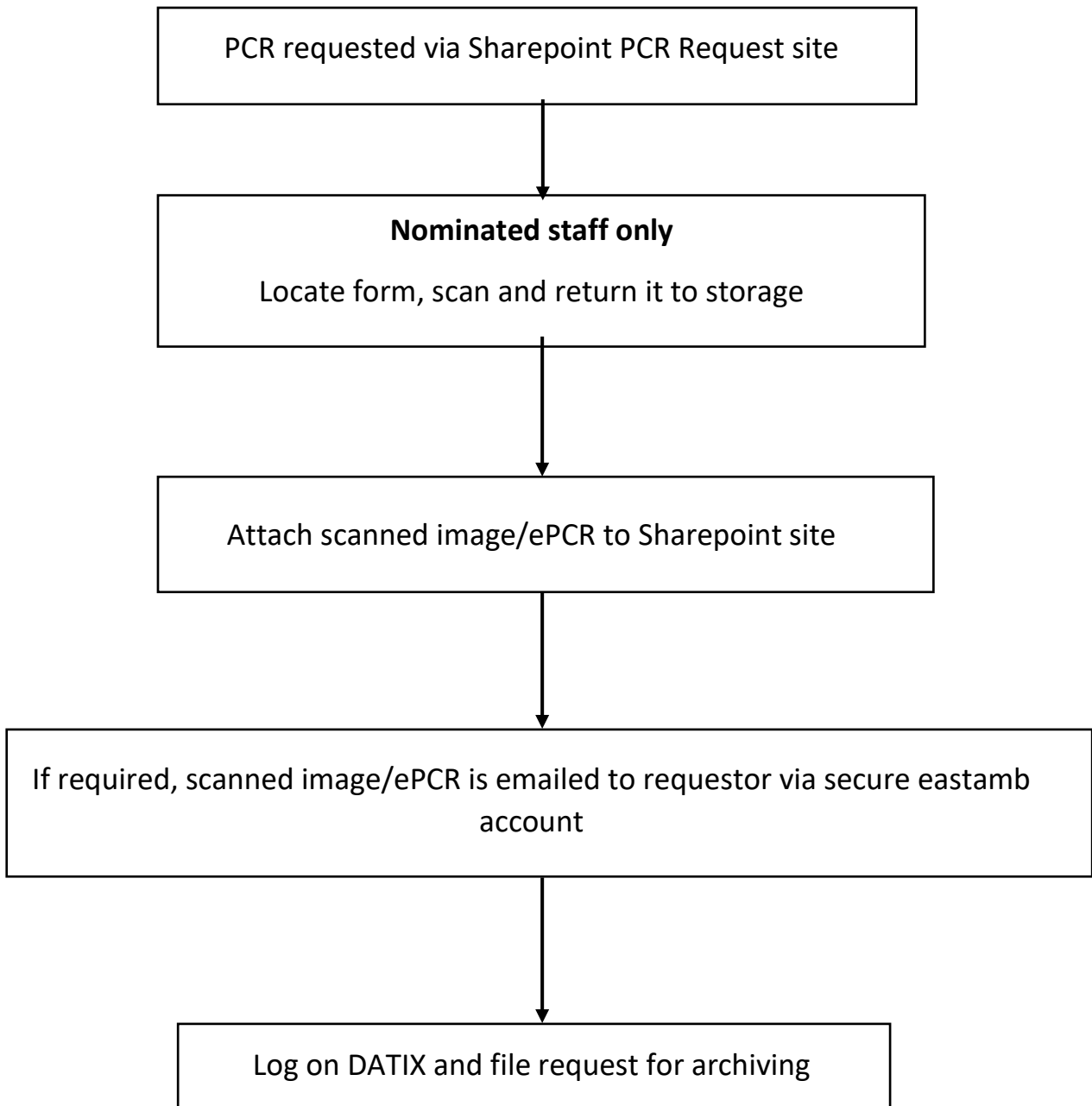
Records.Management@eastamb.nhs.uk must be contacted immediately. This will also be reported and investigated through the Trust's DATIX Risk Management system.

Appendix C - Flow chart for archiving records off-site

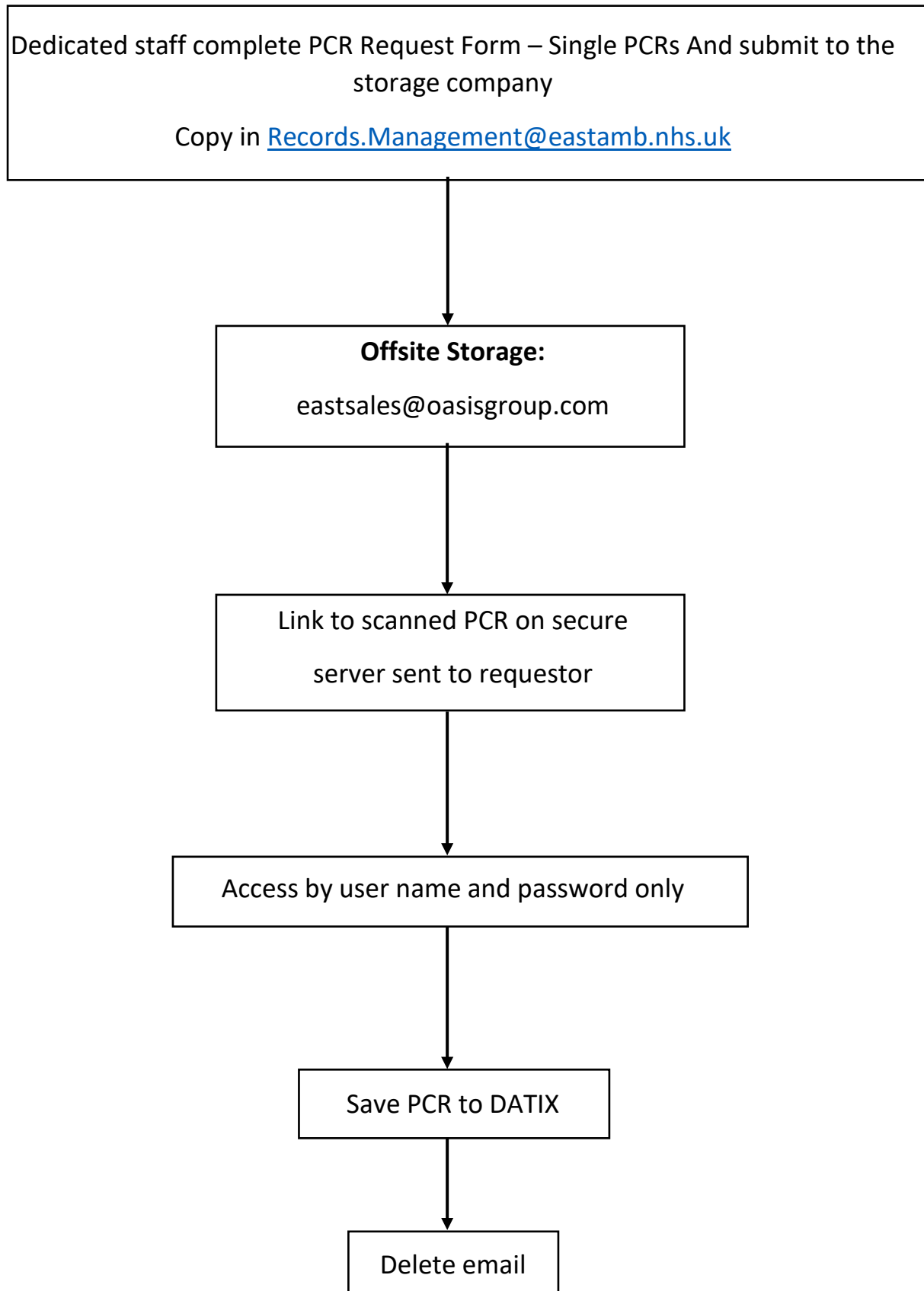


Appendix D - Flow chart for retrieval of PCR stored on-site

UNDER NO CIRCUMSTANCES RELEASE THE ORIGINAL PATIENT CARE RECORD



Appendix E - Flow chart for retrieval of single PCR from off-site



Appendix F – Retention Schedule

Duplicates, including paper copies of records held electronically do not need to be retained and should be securely disposed of once no longer required for business purposes.

Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
Corporate Governance	Non-Clinical Quality Assurance Records	12 years	End of the year to which the assurance relates	NHS X	Review and destroy if no longer required
	Clinical Audit Records	5 years	Date of audit	NHS X	Review and destroy if no longer required
	Risk Registers	6 years	Date of creation	NHS X/Limitation Act 1890 and Corporate Awareness of Risks	Review and destroy if no longer required
	Complaints - case files	10 years	Date of file closure (including all potential or actual litigation)	NHS X	Review and destroy if no longer required
	Patient Advice and Liaison Service (PALS) records	10 years	Close of financial year	NHS X	Review and destroy if no longer required
	Visitors book	3 years	Date of last action	NHS England	Review, Archive or Destroy under confidential conditions
	Briefings / Directions - Parliamentary Questions / MP enquires / Department of Health & Social Care	10 years	Date of closure of file	NHS England	Review, Archive or Destroy under confidential conditions

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
Health and safety	Accident Books (BI 510) and completed Accident Record forms	10 years	Date of last action		Review, Archive or Destroy under confidential conditions
	Copies of Reporting of Injuries, Diseases and Dangerous Occurrences Register (RIDDOR) report forms	12 years	Date of accident report		Review, Archive or Destroy under confidential conditions
	Equipment maintenance logs	11 years	When record ceases to be operational	NHS X	Review and destroy if no longer required
	Inspection of equipment records	11 years	When record ceases to be operational	NHS X	Review and destroy if no longer required
	Completed Risk Assessments for new or Expectant Mothers	6 years	Date of employee leaving		Review, Archive or Destroy under confidential conditions
	Completed Risk Assessments for new or Expectant Mothers	6 years	Date of employee leaving		Review, Archive or Destroy under confidential conditions
	Completed Office H&S Audit Reports	10 years	Date of report		Review, Archive or Destroy under confidential conditions

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
Human Resources	Employee / Staff Central Record (includes records for National Directors, Non - Executive Directors, Trust Chairs, Trustees) Including but not limited to contract of employment, changes to terms and conditions, evidence of right to work, security checks and recruitment documentation, job adverts, application forms, job evaluation paperwork, public appointment assessors records, details of work related injuries, details of any exposure to hazardous materials, professional and stat / mand training records, details of special and / or unpaid leave periods, e.g. maternity / paternity / adoption leave)	6 years	End of contract of employment		Create staff record summary and transfer all relevant information, then review or destroy main file

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Employee / Staff Record - Line Management Records (e.g. sick notes, annual leave records, PDR / appraisal / objective monitoring documentation)	6 years	End of contract of employment	To check	Review, Archive or Destroy under confidential conditions
	Employee / Staff Record - Summary Record Where a summary is made it must contain as a minimum: a summary of the employment history with dates; pension information including eligibility; details of any work related injury; records of any exposure to hazardous materials (including Lead (Control of Lead at Work Regulations 1980), Asbestos (Control of Asbestos at Work Regulations 1996), Compressed Air (Work in Compressed Air Regulations 1996), Radiation (Ionising Radiation Regulations	Keep until employee's 75th birthday	End of contract of employment		Review and consider transfer to a place of deposit

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	1985)); professional training history and professional qualifications related to the delivery of care; list of buildings where the member of staff worked and the dates worked in each location				
	Employee / Staff - Occupational Health Reports	Keep until employee's 75th birthday	Date of employee leaving	To check	Review, Archive or Destroy under confidential conditions
	Employee / Staff - Occupational Health Report of Staff member under health surveillance	Keep until employee's 75th birthday	Date of employee leaving	To check	Review, Archive or Destroy under confidential conditions
	Employee / Staff - Occupational Health Report of Staff member under health surveillance where they have been subject to radiation doses	50 years from the date of last entry, or until employee's 75th birthday, whichever is longer	Date of employee leaving		Review, Archive or Destroy under confidential conditions
	Grievance and / or Disciplinary Case Records	6 years	Closure of investigation	The Chartered Institute of Personnel and Development	Review, Archive or Destroy under confidential conditions

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Employee / Staff Records - Individual Pension Records	Keep until employee's 100th birthday	Date of employee leaving	To check	Review, Archive or Destroy under confidential conditions
	Clinical Training Records	Keep until employee's 75th birthday or 6 years after staff members leaves, whichever is longer		NHS X	Review and destroy if no longer required
	Statutory and Mandatory Training Records	10 years	Completion of training	NHS X	Review and destroy if no longer required
	Training Records (other, not listed elsewhere in this document)	6 years	Completion of training	NHS X	Review and destroy if no longer required
	Applications – unsuccessful	1 year	Notification of unsuccessful application	The Chartered Institute of Personnel and Development	Review, Archive or Destroy under confidential conditions
	Duty Roster	6 years	Close of financial year		Review and if no longer needed destroy
	Timesheets (original record)	2 years	Creation		Review and if no longer needed destroy

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
Legal	Litigation records	10 years	Closure of litigation	NHS X	Review and consider transfer to Place of Deposit
	Whistle Blowing records	10 years	Closure of investigation	NHS	Review, Archive or Destroy under confidential conditions
	Improvement Industrial relations including tribunal case records	10 Years	Close of financial year to which they relate	NHS X	Review and consider transfer to Place of Deposit
	Intell patents, trademarks, copyright, IP	Lifetime of patent or 6 years from end of licence/action	End or termination of patent/licence	NHS X	Review and consider transfer to Place of Deposit
CCTV	CCTV	Refer to ICO code of practice	Date of images	NHS X	Review and destroy if no longer required
EPRR	Decision Log, Pocket Log Book, On Call Log Book, Incident-related documents including Debrief Records/Lessons Identified and documents of potential legal interest i.e. major/critical/business continuity/serious incident logs from predecessor organisations, documents	30 years	Date of last action	NHS England	Review, Archive or Destroy under confidential conditions

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	presented in court/to coroners, plans, communications, organisational structures and other documents that could fit into this category. Format of records - mixture of paper and electronic.				
	Decision Log, Pocket Book, On Call Log, Log Book, post-exercise reports/Lessons Identified. Format of records - mixture of paper and electronic.	10 years	Date of last action	NHS England	Review, Archive or Destroy under confidential conditions
	Decision Log, Pocket Book, On Call Log, Log Book, on-call-related documents including handover records, reviews/Lessons Identified and documents of potential legal interest i.e. event logs from predecessor organisations, documents presented in court/to coroners, plans, communications,	10 years	Date of last action	NHS England	Review, Archive or Destroy under confidential conditions

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	organisational structures and other documents that could fit into this category. Format of records - mixture of paper and electronic.				
	Incident Response Plans, Business Continuity Plans, EPRR Guidance , Standard Operating Procedures, Policy, Strategy, EPRR Core Standards Assurance reviews and reports. Format of records - electronic.	30 years	Date of last action	NHS England	Review, Archive or Destroy under confidential conditions
	Information Sharing Protocols and Memorandum of Understanding, Mutual Aid Agreements, Service Level Agreements. Format of records -mixture of paper and electronic.	10 years	Date of last action	NHS England	Review, Archive or Destroy under confidential conditions
	Local Health Resilience Partnerships and sub-groups- minutes, papers, action logs, Risk Registers.	30 years	Date of last action	NHS England	Review and destroy if no longer required

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Format of records – electronic.				
	Recorded conversations - which form part of the health record	Treat as health record	Date of creation	NHS X	Review and destroy if no longer required
	Recorded conversations - which may be needed later for clinical negligence or other legal purposes	6 years	Date of creation	NHS X	Review and destroy if no longer required
	Telephony systems record	1 year	Date of creation	NHS X	Review and destroy if no longer required
ICT	Disaster recovery plans	6 years	Until superseded	NHS England	Review and destroy if no longer required
	Documentation relating to computer programmes written in-house	6 years	End of use of programme	NHS England	Review and destroy if no longer required
	Software licences	Lifetime of software	End of lifetime of software	NHS X	Review and destroy if no longer required
	IT Equipment Specifications	6 years	Date of specification	NHS England	Review and destroy if no longer required
Information Governance	Data Protection Impact Assessment (DPIA)	6 years	When processing activity stops	NHS X	Review and destroy if no longer required
	Datasets released by NHS Digital under a data sharing agreement and its immediate predecessors	Delete with immediate effect	Date specified in the data sharing agreement	NHS X	Delete according to NHS Digital instruction

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
Clinical	Patient Care Records	30 years	Creation		Destroy
	Adult health records not covered by any other section in this schedule	8 years	Discharge or patient last seen	NHSX	Review and if no longer needed destroy
	Adult social care records	8 years	End of care or client last seen	NHSX	Review and if no longer needed destroy
	Children’s records including midwifery, health visiting and school nursing	25th or 26th birthday (see Notes)	Discharge or patient last seen	NHSX	Review and if no longer needed destroy
	GP Patient records	10 years after death see Notes for exceptions	Death of Patient	NHSX	Review and if no longer needed destroy
	Mental Health records	20 years or 8 years after the patient has died	Discharge or patient last seen	NHSX	Review and if no longer needed destroy
	Obstetric records, maternity records and antenatal and post natal records	25 years	Discharge or patient last seen	NHSX	Review and if no longer needed destroy
	Cancer/Oncology - the oncology records of any patient	30 Years or 8 years after the patient has died	Diagnosis of Cancer	NHSX	Review and consider transfer to a Place of Deposit

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Medical record of a patient with Creutzfeldt-Jakob Disease (CJD)	30 Years or 8 years after the patient has died	Diagnosis	NHSX	Review and consider transfer to a Place of Deposit
	Record of long term illness or an illness that may reoccur	30 Years or 8 years after the patient has died	Discharge or patient last seen	NHSX	Review and if no longer needed destroy
	Clinical Protocols	25 years	Creation	NHS X	Review and consider transfer to a Place of Deposit
	Notifiable disease book	6 years	Creation	NHS X	Review and if no longer needed destroy
PTS	Patient Transport Services	30 years (unless on CLERIC)	Creation		Destroy
	ACS records	7 years	Creation		Destroy
Pharmacy	Information relating to controlled drugs (including controlled drugs books)	7 years	Creation	NHS X	See Notes
	Pharmacy prescription records	2 years		NHS X	Destroy
Procurement and commissioning	Commissioning decisions (including appeal and decision documentation)	6 years	Date of appeal / decision	NHS England	Review, Archive or Destroy under confidential conditions

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Tender Documentation (unsuccessful)	6 years	Award of tender	Limitation Act 1980 / Public Contract Regulations	Review, Archive or Destroy under confidential conditions
	Tender Documentation (successful)	6 years	End of contract	Limitation Act 1980 / Public Contract	Regulations Review, Archive or Destroy under confidential conditions
	Procurement Documentation, including Business Cases / Clarification Questions / ITQs / Statement of Work / Project Costings	6 years	End of financial year to which the record relates	Limitation Act 1980 / Public Contract Regulations	Review, Archive or Destroy under confidential conditions
	Contracts sealed or unsealed	6 years	Termination of contract	Limitation Act 1980 / Public Contract Regulations	Review, Archive or Destroy under confidential conditions
	Contracts - financial approval files	15 years	Termination of contract	Limitation Act 1980 / Public Contract Regulations	Review, Archive or Destroy under confidential conditions
	Contracts - financial approved suppliers documentation	11 years	When supplier finishes work	Limitation Act 1980 / Public Contract Regulations	Review and if no longer needed destroy

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Tenders (successful)	End of contract	6 years	Limitation Act 1980 / Public Contract Regulations	Review and if no longer needed destroy
	Tenders (unsuccessful)	Award of tender	6 years	Limitation Act 1980 / Public Contract Regulations	Review and if no longer needed destroy
Estates	Building plans, including records of major building work	6 years	Lifetime or disposal of the building	NHS X	Review and consider transfer to Place of Deposit
	LOLER examination reports for lifts	20 years	Date of report		Review, Archive or Destroy under confidential conditions
	Lifting Equipment	5 years		Lifting Operations and Lifting Equipment Regulations 1998	Review, Archive or Destroy under confidential conditions
	Model Risk Assessment (this covers assessments required under several codes of regulations. Each office must have a copy detailing their local arrangements)	10 years	Date of risk assessment		Review, Archive or Destroy under confidential conditions

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Inspection reports	Lifetime of installation or building		NHS X	Review and destroy if no longer required
	Fire Risk Assessment	Annual renewal. The old document is superseded.	Annual renewal. The old document is superseded.	Fire Safety Order (FSO) Regulatory Reform (Fire Safety) Order 2005 / Fire safety in the design of healthcare premises (HTM 05- 02)	Review, Archive or Destroy under confidential condition
	Fixed electrical installation inspections	5 years	Date of inspection	Fire Safety Order (FSO) Regulatory Reform (Fire Safety) Order 2005 / Fire safety in the design of healthcare premises (HTM 05- 02)	Review, Archive or Destroy under confidential conditions
	Water Sanitation documentation	Risk assessment updated every 2 years, the old document is then superseded	Risk assessment updated every 2 years, the old document is then superseded	HTM 04 Safe water in healthcare premises L8 Legionnaires' disease. The control of legionella bacteria in water systems Water Supply (Water Fittings) Regulations 1999	Review, Archive or Destroy under confidential conditions
	Low use water flushing	3 years minimum		HTM 04 Safe water in healthcare premises L8 Legionnaires' disease.	Review, Archive or Destroy under

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
				The control of legionella bacteria in water systems Water Supply (Water Fittings) Regulations 1999	confidential conditions
	Water coolers Sanitation	10 years	Date of sanitation check		Review, Archive or Destroy under confidential conditions
	Fire evacuation drills	3 years	Date of fire evacuation drill	To check	Review, Archive or Destroy under confidential conditions
	Minor building works	6 years	Completion of the work	NHS X	Review and destroy if no longer required
	Carriage of Dangerous Goods	5 years		The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 and the 2011 Amendment Regulations	Review and destroy if no longer required
	Equipment monitoring and testing and maintenance work where asbestos is a factor	40 years	Completion of monitoring or test	NHS X	Review and destroy if no longer required

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Asbestos	Annual asbestos reinspections. However old documents should be retained for 5 years.	Annual asbestos reinspections. However old documents should be retained for 5 years.	Control of Asbestos Regulations 2012	Review and destroy if no longer required
	Equipment monitoring - general testing and maintenance work	10 years	Completion of monitoring or test	NHS X	Review and destroy if no longer required
	Leases	12 years	Termination of lease	NHS X	Review and destroy if no longer required
	Photographic collections of service locations and events and activities	Up to 20 years	Date of collection	NHS X	Review and consider transfer to Place of Deposit
	Radioactive Waste	30 years	Creation of waste	NHS X	Review and destroy if no longer required
	Waste Consignment Notes				
	Sterilix Endoscopic Disinfector Daily Water Cycle Test, Purge Test, Nynhydrin Test	11 years	Date of test	NHS X	Review and destroy if no longer required
	Surveys (Buildings or Installations)	Lifetime of installation or building	End of lifetime of installation or building	NHS X	Review and consider transfer to Place of Deposit
Finance	Financial transaction records	6 years	End of financial year for which they relate	NHS X	Review and destroy if no longer required

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Final annual accounts report	Up to 20 years	Date of creation .	NHS X	These should be transferred to a Place of Deposit when practically possible after being retained locally for a minimum of 6 years
	Accounts (associated documentation and records for purposes of audit)	3 years	Close of financial year to which they relate	NHS X	Review and destroy if no longer required
	Invoices	6 years	Close of financial year to which they relate	NHS X	Review and destroy if no longer required
	Benefactions	8 years	End of financial year	NHS X	Review and consider transfer to Place of Deposit (benefactions and endowments should be offered to the Place of Deposit)
	Debtor records cleared	2 years	Close of financial year to which they relate	NHS X	Review and destroy if no longer required
	Debtor records not cleared	6 years	Close of financial year to which they relate	NHS X	Review and destroy if no longer required
	Donations	6 years	Close of financial year to which they relate	NHS X	Review and destroy if no longer required

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Petty cash	2 Years	Close of financial year to which they relate	NHS X	Review and destroy if no longer required
	Private Finance initiative (PFI) files - key papers only	Lifetime of PFI	End of PFI agreement	NHS X	Review and consider transfer to Place of Deposit
Counter Fraud	Fraud - case files (proven and unproven)	6 years	Closure of the case	NHS X	Review and destroy if no longer required
Pay and Pensions	Superannuation records	10 years	Close of financial year to which they relate	NHS X	Review and destroy if no longer required
	Death Benefit Nomination and Revocation Forms	Keep until employee's 75th birthday	Date of employee leaving	The National Archives (on NHSE schedule)	Review, Archive or Destroy under confidential conditions
	Staff salary information/files	10 years	Close of financial year to which they relate	NHS X	Review and destroy if no longer required
	Pensions estimates and awards	Keep until employee's 75th birthday	Date of employee leaving		Review, Archive or Destroy under confidential conditions
	Central Employee Payroll Records, including: Full name and date of birth. National Insurance Number. Pensionable pay at leaving. Reckonable service for pension purposes (and	Keep until employee's 75th birthday	Date of employee leaving		Review, Archive or Destroy under confidential conditions

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	<p>actual service where this is different, together with reasons for the difference). Reason for leaving and new employer’s name (where known). Amount and destination of any transfer value paid. Amount of any refund of NHS Pension Scheme contributions. Amount and date of any Contributions Equivalent Premium paid. All other papers relating to pensionability not listed above (e.g. papers about pensionability of other employment (including war service); extension of service papers; papers about widower’s, widower’s, children’s and other dependant’s pension; correspondence with the Cabinet Office, other departments and pension</p>				

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	administrators, or the officer and his/her representatives (MP's, union or others) about pension matters.				
	Added years	Keep until employee's 75th birthday	Date of employee leaving	To check	Review, Archive or Destroy under confidential conditions
	Additional voluntary Contributions (ABC)	Keep until employee's 75th birthday	Date of employee leaving	To check	Review, Archive or Destroy under confidential conditions
	Complete sick absence record showing dates and causes of sick leave [as recorded on ESR, does not include copies of sick notes]	Keep until employee's 75th birthday	Date of employee leaving		Review, Archive or Destroy under confidential conditions
	Expenses	6 years	Close of financial year to which they relate	NHS X	Review and destroy if no longer required
Governance: Publications	Annual Publications, including: Annual Plans / Annual Plan reviews / Annual Report and Accounts	20 years	Date of publication / finalisation		Review and consider transfer to a Place of Deposit

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Consolidated Report to Parliament	20 years	Date of publication / finalisation		Review and consider transfer to a Place of Deposit
Governance: Procedural Documents	Policies/Strategies/Standard Operating Procedures - including business plans	Life of organisation plus 6 years	Life of organisation	NHS X	Review and consider transfer to a Place of Deposit
	Quarterly Reviews from NHS Trusts	6 years	Date of completion	NHS X/Limitation Act 1890	Review and destroy if no longer required
	Merger Pack	10 years	Date of publication / finalisation		Merger Pack
	Improvement Plans	20 years	Date of publication / finalisation		Review and consider transfer to a Place of Deposit
	Rules of Procedure	20 years	Date of publication / finalisation		Review and consider transfer to a Place of Deposit
Trust Secretary	Roll Out Plans for NHS Trusts	20 years	Date of publication / finalisation		Review and consider transfer to a Place of Deposit
	National Tariff / Pricing Guidance	20 years	Date of publication / finalisation	NHS Improvement	Review and consider transfer to a Place of Deposit
	Gifts and Hospitality	10 years	Date of gift / hospitality	NHS England	Review, Archive or Destroy under confidential conditions

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	General Notification of Interests / Conflicts of Interest Register	6 years	Date last updated	NHS England	Review, Archive or Destroy under confidential conditions
	Trust submission forms	6 years	Date of creation	NHS X/Limitation Act 1890	Review and destroy if no longer required
	Board Meetings	Up to 20 years	Date of meeting	NHS X	Review and consider transfer to a place of deposit
	Board Meetings	Up to 20 years	Date of meeting	NHS X	Review and consider transfer to a place of deposit
Governance: Committees and Group	Committees (Major) Listed in the Scheme of Delegation or report into the Board (including major projects)	Up to 20 years	Creation	NHS X	Review and transfer to Place of Deposit
	Committees (Minor) Not listed in the Scheme of Delegation (includes minor meetings and departmental business meetings)	6 Years	Creation	NHS X	Review and consider transfer to Place of Deposit
	Corporate records of health and care organisations and providers that predate the NHS (July 1948)			NHS X	Contact local Place of Deposit for review, destroy those not selected

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Correspondence with branches of the media	7 years	Date of last action		Review, Archive or Destroy under confidential conditions
	Reports on media / public relations	7 years	Date of last action		Review, Archive or Destroy under confidential conditions
	Press releases and important internal communications	6 years	Date of the press release	NHS X	Review and consider transfer to a place of deposit
	Public consultations	5 years	Date of last action	NHS X	Review and consider transfer to a place of deposit
Public/media relations	Website	6 years	When superseded / or at significant change / refresh	NHS X	Review and consider transfer to a place of deposit
	Intranet site	6 years	When superseded / or at significant change / refresh	NHS X	Review and consider transfer to a place of deposit
	Patient information leaflets	6 years	End of use	NHS X	Review and consider transfer to a place of deposit
	Public consultations	5 years	End of consultation		Review and consider transfer to a place of deposit

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Classification schemes	7 years	Date Of classification scheme	NHS England	Review, Archive or Destroy under confidential conditions
	Indexes	7 years	Date of last action	NHS England	Retain permanently
	Disposal Schedules	6 years	Date of schedule	NHS England	Review, Archive or Destroy under confidential conditions
	Destruction certificates (Destruction Certificates or Electronic Metadata destruction stub or record of information held on destroyed physical media)	20 years	Date of certificate	NHS X	Review and consider transfer to a Place of Deposit
Information Governance: Records Management	Destruction certificates or record of information held on destroyed physical media	20 years	Date of certificate	NHS X	Review and destroy if no longer required
Research	Research data sets	Not more than 20 years	End of research	NHS X	Review and consider transfer to a Place of Deposit
	Advanced Medical Therapy Research (master file)	30 years	End of research	NHS X	Review and consider transfer to a Place of Deposit

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
	Clinical trials - master file of a trial authorised under the European portal under Regulation 536/2014	25 years	End of research	NHS X	Review and consider transfer to a Place of Deposit
	European Commission Authorisation	15 years	End of research	NHS X	Review and consider transfer to a Place of Deposit
	Research ethics committee - documentation for research proposal	5 years	End of research	NHS X	Review and consider transfer to a Place of Deposit
	Research ethics committee - minutes and papers	As soon as practically possible	Year of meeting	NHS X	Review and must be transferred to a Place of Deposit
Chaplaincy	Chaplaincy records	2 years	Creation	NHS X	Review and consider transfer to a Place of Deposit
Surveys/research	Patient surveys - individual returns and analysis	1 year after return	Completion of return	NHS X	Review and destroy if no longer required
	Patient surveys - final reports	Permanent retention		NHS X	Review and consider transfer to a Place of Deposit
	Staff surveys - individual returns and analysis	1 year after return	Completion of survey	NHS X	Review and destroy if no longer required
	Staff surveys - final reports	Permanent retention		NHS X	Review and consider transfer to a Place of Deposit

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
Information governance: requests	Subject access requests (SARS), response and subsequent correspondence	3 years	Date of request closure	NHS X	Review and destroy if no longer required
	Subject access request - where there has been an appeal	6 years	Date of appeal closure	NHS X	Review and destroy if no longer required
	Freedom of Information requests - response to the request and associated correspondence	3 years	Date of request closure	NHS X	Review and destroy if no longer required
	Freedom of Information requests - where there has been an appeal	6 years	Date of appeal closure	NHS X	Review and destroy if no longer required
CEO	Chief Executive records (This may include emails and correspondence where they are not already included in the board papers)	Up to 20 years	Creation	NHS X	Review and transfer to Place of Deposit
Service Delivery	VDI forms	10 years	Creation		Review and if no longer needed destroy
	Performance Reports	10 years	Date of report	NHS England	Review, Archive or Destroy under

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Group	Record Name	Recommended Minimum Retention	Trigger point	Derivation	Action to be taken at end of retention period
					confidential conditions
Patient safety	Serious Incidents (include independent investigations)	20 years	Date of incident	NHS X	Review and consider transfer to Place of Deposit - consult with local Place of Deposit
	Incidents - not serious	10 years	Date of incident	NHS X	Review and destroy if no longer required

Appendix G – Safe Haven Faxes

Safe Haven Systems

The following Safe Haven requirements should be in place for any area where physical (e.g. fax or post) confidential or sensitive information is sent or received:

- A room that is either locked or accessible via a coded key pad known only by authorised staff or an office or workspace sited in such a way that only authorised staff can enter that location.
- If sited on the ground floor any windows should be secure and have locks on them
- If a securely locked room is not available then fax machines should be kept in a lockable cupboard accessible by authorised staff only
- The room should conform to health and safety requirements in terms of fire, safety from flood, theft or environmental damage.
- Manual paper records containing person-identifiable information should be stored in a secure area accessible by authorised personnel only
- Fax machines must be situated in an office (not corridor) which is locked when unoccupied. Access to the fax machine must be by authorised personnel only.

Sending a Fax

Fax machines must only be used to transfer personal information where it is absolutely necessary.

Fax machines which are designated as secure Safe Havens should be accessible to approved staff only and be clearly marked as such. An example of a notice to be displayed in Safe Haven areas can be found in Appendix I.

When sending a fax, the sender must ensure that it is being sent to the relevant recipient and that the correct fax number is entered.

Before sending the recipient must be made aware that a fax is being sent and they must confirm receipt.

Only the minimum amount of personal information should be sent, if possible this should be anonymised. Personal information should only be sent to a safe haven fax machine.

A Safe Haven fax header must be used which carries a clear confidentiality statement, e.g.:

'The information contained within this fax transmission is intended only for the use of the individual or entity on the transmission sheet. The documents accompanying it contain information from the East of England Ambulance Service NHS Trust that may be confidential and privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error please notify us by telephone immediately to arrange for the return of the documents.'

Receiving Faxes

No received faxes should be left unattended at the fax machine and access to the machine should be limited to authorised personnel only.

The contents must not be disclosed to any other parties without the sender's permission.

If the fax is not acknowledged by the recipient, they must be contacted as soon as possible.

Appendix H – Example of the notice to be displayed in Safe Havens

This is a Safe Haven Fax - Fax no:

You may send or receive personally identifiable information from here. Please take the following precautions:

Do's

- Do check and double check that you have typed the recipients number correctly.
- Do use pre-programmed numbers where possible.
- Do use an EEAST cover sheet with instructions on it should the fax be received by the wrong person.
- Do print a confirmation sheet for the transmission.
- Do follow Caldicott principles when sending person identifiable information.
- Do use an identifying number instead of personal details if possible.
- Do separate clinical and personal/demographic details if possible.

Do Not's

- Don't send person identifiable information unless you can justify that it is necessary.
- Don't include person identifiable information details on the Cover sheet

Appendix I – Fax Cover Sheet Template

Safe Haven Fax

CONFIDENTIAL

To:

From:

Fax:

Pages:

Phone:

Date:

Re:

CC:

Urgent For Review Please Comment Please Reply

Please Recycle

Message

The information contained within this fax transmission is intended only for the use of the individual or entity on the transmission sheet. The documents accompanying it contain information from the East of England Ambulance Service NHS Trust that may be confidential and privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error please notify us by telephone immediately to arrange for the return of the document

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Duties Legal and professional obligations	Line Managers including Trust Board level	Monitored through Compassionate Conversations / appraisals	Annually	Appraisal forms; identified Training needs submitted to Organisational Development	The results will be reported to the Trust Board via the Audit Committee, Information Governance Group and Quality and ELB.	Any required actions identified will be undertaken by the Information Governance Team within the timeframes agreed with the Information Governance Group	The Information Governance Team will be responsible for sharing the lessons learnt and any practice changes with all the relevant stakeholders
	Line Managers including Trust Board level	As a result of concerns raised following an investigation of a complaint or incident	As required	Documentation included on Datix Risk Management System			
Retrieval and archiving	Information Governance Manager	Monitoring of Release of Information requests	Monthly	Documentation included on Datix Risk Management System	The results will be reported to the Trust Board via the Audit Committee, Information Governance Group and Quality and ELB.	Any required actions identified will be undertaken by the Information Governance Team within the timeframes agreed with the Information Governance Group	The Information Governance Team will be responsible for sharing the lessons learnt and any practice changes with all the relevant stakeholders
	Clinical Records Manager/Fol Officer	Monitoring of PCR requests to Archiving company	Monthly				
	Line Managers including Trust Board level	As a result of concerns raised following an	As required	Documentation included on Datix Risk			

POL005 – Records Management Policy and Procedures

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
		investigation of a complaint or incident		Management System			stakeholders
Retention and disposal schedules	Corporate Records Manager/Fol Officer Clinical Records Manager/Fol Officer	Review of archiving databases	Annually	Emails Minutes: Meetings Destruction certificates	The results will be reported to the Trust Board via the Audit Committee, Information Governance Group and Quality and ELB.	Any required actions identified will be undertaken by the Information Governance Team within the timeframes agreed with the Information Governance Group	The Information Governance Team will be responsible for sharing the lessons learnt and any practice changes with all the relevant stakeholders
Training	Organisational Development Trust Board	In line with requirements as defined within the current Training Needs Analysis Training programme	Annually	Board reports Minutes of meetings, training plans	The results will be reported to the Trust Board via the Audit Committee, Information Governance Group and Quality and ELB.	Any required actions identified will be undertaken by the Information Governance Team within the timeframes agreed	The Information Governance Team will be responsible for sharing the lessons learnt

POL005 – Records Management Policy and Procedures

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
		review				with the Information Governance Group	and any practice changes with all the relevant stakeholders
	Organisational Development Trust Board	Training attendance	As required	Training figures	The figures will be brought to each IGG meeting as required.		
Records Management systems	Trust’s contracted Internal Auditors	Through internal audit	As appropriate	Audit Report Minutes: Audit Committee and Trust Board	The results will be reported to the Trust Board via the Audit Committee, Information Governance Group and Quality and ELB.	Any required actions identified will be undertaken by the Information Governance Team within the timeframes agreed with the Information Governance Group	The Information Governance Team will be responsible for sharing the lessons learnt and any practice changes with all the relevant stakeholders

POL005 – Records Management Policy and Procedures

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Secure transfer of confidential and sensitive information via established best practice methods	Information Governance Group	Monitoring of Trust information flows, Datix incident reports and IG updates	Bi-monthly at IGG meetings	Periodic information flow mapping exercises Datix incident reports	The IGG will review information incidents and make recommendations/ take action to mitigate risks, as necessary.	IG Team	Changes will be disseminated to staff via the intranet and staff bulletins. IG training will be revised to reflect current best practice, as necessary.

Appendix K – Equality Impact Assessment

Equality Impact Assessment

EIA Cover Sheet		
Name of process/policy	Records Management Policy and Procedures	
Is the process new or existing? If existing, state policy reference number	POL005	
Person responsible for process/policy	Corporate Records Manager / Fol Officer	
Directorate and department/section	Nursing & Quality Improvement – Compliance & Standards	
Name of assessment lead or EIA assessment team members	Corporate Records Manager / Fol Officer	
Has consultation taken place? Was consultation internal or external? (please state below):	Yes	
Internal	Information Governance / IGG	
The assessment is being made on: Please tick whether the area being assessed is new or existing.	Guidelines	
	Written policy involving staff and patients	X
	Strategy	
	Changes in practice .	
	Department changes	
	Project plan	

	Action plan	
	Other (please state) Training programme	

EQUALITY ANALYSIS					
What is the aim of the policy/procedure/practice/event?					
To ensure staff are clear on how to manage any records they receive or create as part of their role at EEAST					
Who does the policy/procedure/practice/event impact on? All staff who create or receive records during their work for EEAST.					
Race		Religion/belief		Marriage/Civil Partnership	
Gender		Disability		Sexual orientation	
Age		Gender re-assignment		Pregnancy/maternity	
Who is responsible for monitoring the policy / procedure / practice / event?					
Corporate Records Manager / Fol Officer					
What information is currently available on the impact of this policy/procedure/practice/event? N/A					
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? Yes/No					
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:					
Race		Religion/belief		Marriage/Civil Partnership	
Gender		Disability		Sexual orientation	
Age		Gender re-assignment		Pregnancy/maternity	

Please provide evidence:					
Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes /No, if so please provide evidence/examples:					
Race		Religion/belief		Marriage/Civil Partnership	
Gender		Disability		Sexual orientation	
Age		Gender re-assignment		Pregnancy/maternity	
Please provide evidence:					
Action Plan/Plans - SMART					
Specific					
Measurable					
Achievable					
Relevant					
Time Limited					
Evaluation Monitoring Plan/how will this be monitored?					
Who					
How					
By					
Reported to					