

Records Management Policy

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Policy Statement

NHS Orkney will have a systematic and planned approach to the management of its records from the moment they are created to their ultimate disposal.

This will ensure that the Board can control both the quality and the quantity of the information that it generates. The Board must have sufficient records to document its principle activities and maintain appropriate audit trails.

Performance indicators

1. All records appropriately structured as demonstrated at audit.
2. All records appropriately stored or archived as demonstrated at audit.
3. No adverse incidents regarding security of the record or the information it contains.

1. Introduction

The Chief Executive, Directors and Senior Managers are personally accountable for Records Management. The Board acknowledges its responsibilities under statutory legislation and guidance and is committed to fulfilling its obligations and commitments for the management of all its records. It underpins and operationalises the Information Governance Strategy and should be read in conjunction with this strategy.

Good record keeping ensures that:

- a) Staff can work with maximum efficiency without having to waste time hunting for information.
- b) An audit trail is produced, enabling any record entry to be traced to a named individual at a given date/time and tracks all subsequent alterations.
- c) Clear information is recorded about what has been done/not done, and why.
- d) Clear justification is provided for decision making process for future users.

This is vitally important in cases such as:

- Providing patient care
- Clinical Liability
- Complaints
- Legal action

This policy has been updated to comply with the requirements of the Public Records (Scotland) Act 2011 and the NHS Scotland Records Management: Code of Practice 2012. It also draws on the guidance issued by the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) and the records management NHS Code of Practice.

The Public Records (Scotland) Act places an obligation on public authorities to prepare and implement a records management plan (RMP) which sets out proper arrangements for the management of their records. RMPs will be agreed with the Keeper of the Records of Scotland and regularly reviewed by authorities. Where authorities fail to meet their obligations under the Act the Keeper has powers to undertake records management reviews and issue action notices for improvement.

Other relevant documents:

- NHS Scotland Information Assurance Strategy¹
- NHS Scotland Information Governance Standards²

2. Associated Policies and Procedures

This policy should be read in association with the following Board policies, procedures and guidance:-

- Code of Conduct – all members of staff
- Management of Employee Conduct Policy
- Information Governance Policy
- Information Security Policy
- Incident Management Policy
- NHS Orkney Fraud Standards contained within the Code of Corporate Governance
- Standing Financial Instructions

It is underpinned by the following records management procedures:

- Procedure regarding access to records
- Procedure for the Creation, Structure and Format of Records
- Procedure for the Disposal of Confidential Waste
- Procedure for the 24 hour access to Clinical Records
- Procedure for the Storage, Transfer and Tracking of Records
- Procedure for the Culling of Records

3. Aims and Objectives

NHS Orkney aims to have a systematic and planned approach to records management from the moment they are created to their ultimate disposal. This will ensure that the Board can control both the quality and the quantity of the information that it generates.

This aim will be achieved by the delivery of the following objectives:

- To be compliant with the Data Protection Act 1998, including the management of requests from patients or any other person
- To be compliant with the Freedom of Information Act 2002 and the associated Code of Practice on the Management of Records
- To assure a robust framework for records management regarding the creation, use storage, management and disposal of records as set out in the Quality Improvement Scotland Information Governance Toolkit
- To set up an information asset register regarding all information the Board holds
- To select and archive those records that should be permanently preserved
- To preserve records for the **minimum** periods laid down for the retention of all types of NHS records
- To ensure that there is robust information to support the delivery of evidence based patient care

¹ http://www.sehd.scot.nhs.uk/mels/CEL2011_26.pdf

² <http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/23460/information-governance-standards-v2.1%20PDF%20082010.pdf>

- To ensure there is robust information to support the day to day administrative and managerial decision making which underpins the delivery of care
- To ensure there is a robust information base to assist clinical and other audits

4. Scope of Policy

This policy relates to all records, clinical and non-clinical unless otherwise stated, that are created, maintained, stored or destroyed by staff working for, or on behalf of, NHS Orkney.

It must be followed by all staff who work for NHS Orkney (the Board), including those on temporary or honorary contracts, pool staff, volunteers and students. Breaches of this policy may lead to disciplinary action being taken against the individual concerned.

Independent Contractors are responsible for the management of their own records and for ensuring compliance with relevant legislation and best practice guidelines. The Board is happy to provide such advice and support as required.

5. The Definition of a Record

In the context of this policy, a record is defined as anything that contains information, in any media, e.g. paper, audio or video recording, computer database notes, e.g. e-mail etc which forms part of the record which has been created or gathered as a result of any aspect of the work of NHS employees, including:-

- Patient health records (electronic or paper based)
- Staff records
- Photographs and other images
- Microform (in other words fiche/film)
- Audio and videotapes, cassettes, CD-Rom etc
- Computer databases, output and disks etc and all other electronic records
- Material intended for short term or transitory use, including notes and 'spare copies' of documents
- Administrative records (including estates, financial and accounting records; notes associated with complaint handling)
- Scanned records
- Text messages both outgoing from the NHS and incoming responses from the patient
- CCTV images
- Telephone messages

Note: *This list is not exhaustive*

6. Accountability and Responsibilities

6.1 The Board as a Corporate Body

The Board recognises that it has a specific corporate responsibility for records management. All contracts of employment must contain the necessary record keeping standards as laid out in this policy and in guidelines produced by regulatory bodies.

The Board must have robust systems and processes that ensure that records are fit for purpose, are stored securely, are readily available when needed and are destroyed in compliance with the retention and destruction schedule at the end of the cycle of each particular record.

6.2 The Chief Executive

The Chief Executive and Senior Managers are personally responsible for the quality of records management within their organisation.

6.3 Lead Director

The Director of Public Health is lead Director with Board level responsibility for information governance and hence for records management. The lead director is responsible for ensuring that all members of staff conform to the standards laid out in this policy.

The lead director works in close association with the managers responsible for Freedom of Information, Data Protection and other information governance issues. The IT Manager is the Data Protection Officer.

6.4 The Caldicott Guardian

The Director of Public Health is the Board's Caldicott Guardian. Caldicott Guardians are responsible for ensuring that national and local guidelines and protocols on the handling and management of confidential personal information are in place and will also act as an advisor on such issues.

Security of a record held by a patient during an episode of care is the responsibility of that patient. This responsibility reverts back to the Board after the care is completed and the record returned.

Should a record not be returned to the Board or is lost, an incident reporting form should be completed and forwarded to the manager responsible for Information Security³ for investigation and advice.

7. Committee Structure to Oversee Compliance with National Information Governance Standards

These standards include:-

- Legislation (Data Protection Act 1998, Freedom of Information (Scotland) Act 2002, Access to Health Records Act 1990, Public Records (Scotland) Act 2011)
- NHS Scotland Information Governance Standards 2007
- The QIS Information Governance Toolkit
- The Records Management Code of Conduct

The Information Management and Governance

The Information Management and Governance group will be the lead operational committee. The Information Management and Governance group reports to the Board via the Quality and Improvement Committee.

Department managers and service leads will operationalise the information governance strategy and records management policy. They will report to the Information Management and Governance group and will maintain standards by:

³ Currently the IT Manager

- Identifying areas where improvements could be made
- Reporting performance standards to provide assurance to the Quality and Improvement Committee
- Monitoring compliance with the standards, legislation, policies and procedures relating to the management of records
- Approving locally devised methods of recording information
- Ensuring records collection are rationalised by encouraging users to share records and the information they contain (subject to Data Protection and agreed confidentiality guidelines)
- Publicising and promoting the local guidelines by supporting the implementation of a formal training programme to launch and support the guidelines and the inclusion of records management in induction training and staff handbooks.

8. Confidentiality of a Record

All staff and those carrying out functions on behalf of the Board have a duty of confidence to patients and a duty to support professional ethical standards of confidentiality. The duty of confidence continues even after death of the patient or after an employee or contractor has left the NHS. Unauthorised disclosure of information may lead to a complaint against the Board or disciplinary action against a member of staff for a breach of confidentiality.

Refer to the Information Security Policy for further information and advice.

9. Creation of a Record

Due care must be taken in the creation of all records to ensure they are consistent and appropriate in structure and format, and that only necessary and sufficient information is recorded.

10. Ownership of a Record

10.1 Health Records

- The Secretary of State for Health owns all records, including GP records
- The Personal Child Health Record (also known as “The Red Book”) belongs to the principle carer, for example the parent of the child

10.2 Single Assessment Documentation

Whilst contract and overview assessment documentation belongs to the patient, ownership of specialist documentation lies with the service delivering that episode of care.

10.3 Staff Records

Staff and personnel records belong to the employing organisation and are the responsibility of the individual’s line manager.

In line with Central Legal Office guidance, and over-riding the information in section 18 below, all information for staff (Human Resources, Payroll etc) must be retained from January 2000 until such time as the Equal Pay Litigation is fully and finally concluded and NHS Boards have been informed that the records are no longer so required.

11. Storage and Tracking of Clinical Records

Each clinical team must follow the Board's filing procedure contained within the Procedure for the Storage, Transfer and Tracking of Clinical Records and all documentation must be stored in the appropriate filing system when not in use. The filing of documents is the responsibility of the person who last made an entry in the record.

Multiple documents belonging to an individual service and which constitutes a record should be filed together. Paper documents should be securely attached to each other.

Other than requests for copies of notes (which influence the criteria for retention and destruction), any complaints or litigation correspondence should be filed separately from the clinical case notes. This is the responsibility of the Patient Experience Officer.

12. Access to Records

12.1 Access to Clinical or Personal Records

Every patient or individual has the right to access their records. Any such request to access a health record under the Data Protection Act should be forwarded to the Clinical Administration Manager for hospital records or the Practice Manager at the relevant practice for a primary care record, who will follow the procedure for the management of an subject access request.

Any member of staff has the right to access their personnel file. Any such request should be sent to the Data Protection Officer in the first instance, in line with the Policy for access to Staff Records.

12.2 Access to Corporate Records

Should any person request corporate Board information, this request should be forwarded to the Freedom of Information Officer who will deal with it in accordance with the Freedom of Information (Scotland) Act 2002 regulation.

12.3 24 Hour Access by Care Professionals

It is important that those professions who care for patients or clients outside the normal working day should have access to clinical records. This is to minimise clinical incidents whose root cause is a lack of information. The procedure for 24 Hour access to health records should be followed in these circumstances.

13. Audits of Records Management

Audits measure compliance with this policy and its underpinning procedures. There are two types of records audit that must be carried out on an annual basis:-

13.1. Quality Assurance Audit Control

All services will be responsible for carrying out a yearly record keeping audit including clinical and non-clinical records regarding

- Quality of documentation
- Adherence to this policy and its underpinning procedures and guidance

This audit will focus on the following:

- Legibility

- Attributability
- Timelines of entries
- Content of information on which decisions have been made regarding the care of patients
- Whether the record is being store in accordance with the retention and destruction schedule

The results from the audit will be fed back to line managers. It is the responsibility of line managers to ensure that audits take place on an annual basis and that all action points are clearly documented and implemented in order to improve and maintain performance.

13.2. Audit Record Types in use by Board staff

Risk management standards require that the Board use just one record type per professional function. An annual audit must be undertaken by each Directorate in order to identify whether there are duplicate record formats in existence and undertake any remedial actions identified to ensure compliance with this standard.

14. Breaches in Security and Lost Records

Any incident or near miss relating to a breach in the security regarding the use, storage, transportation or handling of records must be reported using the Board's incident reporting system.

A serious breach of security, for example major theft or fire, must be managed in accordance with the Board's Serious Incident Management Policy.

A lost record is defined as any record that cannot be located within 5 working days of first attempt to access the record or any record that has been stolen from a known place, for example the boot of a car. Any suspected thefts must be reported to the Police.

The Board's Caldicott Guardian must be informed immediately of any loss or misplacement of any document that is used to record patient information, including diaries, or Board business. When all efforts to locate the record have been exhausted, an incident form must be completed giving clear details of all actions including:-

- When and where record was last seen, with date if known
- If stolen, from where and Police Incident Number
- Actions taken to locate file

It is the responsibility of the line manager, liaising with and taking advice as necessary from the Clinical Administration Manager / Practice Manager, to investigate such incidents and identify any learning points that must be implemented in order to prevent a recurrence.

15. The Archiving and Destruction of Closed Records

Each department must ensure that all closed records are securely archived until such time as they can be destroyed in accordance with the retention and destruction schedule contained within the NHS Records Management Code of Practice (refer to Appendix 1 of this policy).

All records that are archived should first be appraised to determine whether they are worthy of permanent archival preservation. This should be undertaken in consultation with the Board Information Governance Lead who will take advice as appropriate.

The destruction is an irreversible act. A record must be kept of everything that has been destroyed, when and by whom.

Paper waste containing patient and staff identifiable information must be treated as confidential waste and shredded or incinerated.

16. Research Governance (RG)

Any research, as opposed to audit, undertaken using patient records must first be approved by a Regional Research Ethics Committee and be given approval by the Board.

17. References and Bibliography

This policy has been developed with reference to the following documents. These documents should be referred to for more detailed information and guidance:-

- Data Protection Act 1998
- Public Records (Scotland) Act 2011
- The Caldicott Report December 1997
- NMC Guidelines Records and Records Keeping and other relevant legislation and guidelines available from the NHS Electronic Library for Health – www.nelh.nhs.uk

18. Retention of Non-Medical Records

The management, retention and disposal of administrative records

Current guidance on disposal and retention periods for administrative records is detailed in NHS HDL (2006) 28 – “The management, retention and disposal of administrative records”.

1. General Records:

Record Type	Minimum Retention Period	Notes
Conferences: lectures given by staff at other conferences	permanent	
Conferences: organised by Boards - conference proceedings	permanent	
Conferences: organised by Boards - routine paperwork	destroy after conference	
Conferences: other conferences attended by staff	2 years	
Copies of out-letters (“flimsies”)	1 year	
Databases- records handling system	permanent	Retain to demonstrate implementation of established practice and provide audit trail, see also Indexes
Diaries - office	1 year after completion	
Indexes- file and document lists marked for permanent preservation	permanent	
Indexes- file and document lists not marked for permanent preservation	Destroy when no longer useful	Retention may be required if they are part of audit trails
Quality Assurance Records	12 years	
Receipts for registered and recorded delivery mail	2 years	
Records of custody and transfer of keys	2 years	
Research and development (scientific, technological and medical)	Consider for permanent preservation	
Software licenses	Operational lifetime of product	

2. Financial Records:

The Scottish Government Health Directorate policy on retention of financial records is set out in the Scottish Public Finance Manual, which can be accessed at:

<http://www.scotland.gov.uk/library5/finance/spfm/spf-00.asp>

Financial records are required to be maintained for 3 years after the end of the financial year in question. Records relating to VAT however require to be kept for 6 years and in practice it may be difficult to differentiate VAT records from other financial records.

Record Type	Minimum Retention Period	Notes
Accounts – final annual master copies	permanent	
Accounts – cost	3 years	
Accounts – working papers	3 years	
Accounts – minor records: (Including <ul style="list-style-type: none"> • Pass books • Paying-in slips • Cheque counterfoils, cancelled/discharged cheques • Petty cash expenditure • Travelling and subsistence accounts, minor vouchers • Duplicate receipt books • Income records • Laundry lists) 	3 years after completion of audit	See 'Receipts for cheques bearing printed receipts' below
Accounts – statutory final	Permanent	
Advice notes	3 years after formal clearance by statutory auditor	A longer period may be required for investigative purposes
Audit Records – original documents	3 years after formal clearance by statutory auditor	
Audit Reports (including Management letters, VFM reports and system / final accounts memorandum)	3 years after formal clearance by statutory auditor	
Bank Statements	3 years after completion of audit	
Benefactions – endowments, legacies, gifts etc	Permanent	
Bills and receipts	6 years	
Budget monitoring reports	3 years	
Budgets	2 years after completion of audit	
Capital paid invoices	3 years	See 'invoices' below
Cash books and sheets	6 years	
Cost accounts		See 'invoices' below
Creditor payments	3 years	
Debtors' records – cleared	6 years	
Debtors' records – uncleared	6 years	
Demand notes	6 years	
Expenses claims		See 'Accounts – minor' above
Financial plans, estimates, recovery plans	6 years	
Funding data	6 years	

Record Type	Minimum Retention Period	Notes
General ledgers	6 years	
Income and expenditure sheets and journals	6 years	
Indemnity forms	6 years after the indemnity has lapsed	
Inquiries involving fraud / other irregularities	10 years	Where action is in prospect or has been commenced, consult with legal representatives and NHS Counter Fraud Services and keep in accordance with advice provided
Invoices payable (creditors)	6 years	
Invoices receivable (debtors)	6 years	
Ledgers	6 years	See also 'General ledgers' above
Mortgage documents – acquisition, transfer and disposal	Permanent	
Non-exchequer funds records		See 'income and expenditure journals' above
PAYE records	6 years	
Receipts	6 years	Includes cheques bearing printed receipts
SFR returns	6 years	
Superannuation – accounts and registers	10 years	
Superannuation – forms	10 years	
Tax forms	6 years	
VAT records	6 years	In some instances a shorter period may be allowed, but agreement must be obtained from Customs & Excise
Wages / salary records	10 years	For superannuation purposes authorities may wish to retain such records until the subject reaches pensionable age

3. Property, Environment and Health and Safety Records:

Record Type	Minimum Retention Period	Notes
Agreements		See 'Contracts' below
Buildings - papers relating to occupation	Permanent or until property demolished or disposed	Does not include Health & Safety information
Capital charges data	3 years after completion of previous 5 year valuation term	
Contaminated Land	permanent	
Contracts - non sealed (property) on termination	6 years	
Environmental Information	permanent	
Equipment		See 'Products – liability' under 'Procurement'

Record Type	Minimum Retention Period	Notes
		Records'
Estimates: including supporting calculations and statistics	3 years	
Greencode	permanent	
Health and safety: Asbestos Register	permanent	
Health and safety: Audit forms, COSHH (Control of Substances Hazardous to Health Regulations) documentation, safety risk data sheets, risk assessments and control measures etc.	10 years	
Health and Safety: Accident and Incident Forms	10 years	See 'Litigation dossiers' under 'NHS Board Records'
Health and Safety: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) including Accident Register	10 years	
Inspection Reports - e.g. boilers, lifts etc.	2 years after operational lifetime of installation / plant	Should be retained indefinitely if there is any measurable risk of a liability
Inventories (non-current) of items having an operational lifetime of less than 5 years	2 years	
Land purchase and sale - deeds, leases, maps, surveys, registers etc	permanent	
Land purchase and sale - negotiations not completed	6 years	
Laundry lists		See 'Accounts – minor' under 'Financial Records'
Manuals - operating		See 'Inspection reports' above
Manuals- policy and procedure	permanent	
Maintenance contracts		See 'Property- Cleaning and Maintenance' below
Maintenance request book	2 years after financial year referred to	
Maps	consider for permanent preservation	
Project files (£250,000 and over)	Permanent	Including abandoned or deferred projects
Project files (under £250,000)	6 years after completion / abandonment of project	
Project team files (£250,000 and over)	3 years	
Project team files (under £250,000)	3 years	
Property - acquisitions dossiers	permanent	

Record Type	Minimum Retention Period	Notes
Property - cleaning and maintenance (contracts less than £100,000)	6 years	
Property - disposal dossiers	permanent	
Property/ Estates- Land, Building and Engineering Construction Procurement: <ul style="list-style-type: none"> • Key records (including: <ul style="list-style-type: none"> final accounts, surveys, site plans, bills of quantities, PFI/PPP records) • Town and country planning matters and all formal contract documents (including: <ul style="list-style-type: none"> executed agreements, conditions of contract, specifications, "as built" record drawings and documents on the appointment and conditions of engagement of private buildings and engineering consultants) 	permanent	Inclusive of major projects abandoned or deferred
Property - leases	permanent	
Property management system	permanent	
Property - minor contracts	6 years	
Property performance	permanent	
Property - purchases	permanent	
Property strategy	permanent	
Property - title deeds	permanent	
Property- Terriers (NHS Premises Site Information)	permanent	
Safety Action Bulletins	permanent	
SEPA Registrations, Licenses and Consents	permanent	
Specifications for work tendered	6 years	
Tenders (successful)		See 'Contracts' above
Tenders (unsuccessful)	6 years	
Waste Consignment Notes- Controlled wastes such as clinical/ healthcare and household/ domestic	2 years	
Waste Consignment Notes- Special/ Hazardous/ Radioactive Wastes	3 years	
Waste- Duty of Care Inspection Reports	permanent, or for life of external contract	

4. Human Resources Records:

Record Type	Minimum Retention Period	Notes
Disciplinary: First written warning	6 months	
Disciplinary: Final written warning	12 months	
Disciplinary: First and final written warning	12 months	
Disciplinary: Letter of Dismissal	10 years	Where action is in prospect or has been commenced, consult with legal representatives and keep in accordance with advice provided.
Disciplinary: Records of action taken, including: <ul style="list-style-type: none"> • Details of rules breached • Employee's defence or mitigation • Action taken and reasons for it • Details of appeal and any subsequent developments 	6 years after leaving service	See above for retention periods for warnings.
Establishment records - major (including: <ul style="list-style-type: none"> • Personnel files, • letters of application and appointment, • confirmation of qualifications, contracts, • joining forms, • references & related correspondence, • termination forms) 	6 years after leaving service	
Establishment records - minor (including: <ul style="list-style-type: none"> • attendance books, • annual leave records, • duty rosters, • clock cards, • timesheets) 	2 years	
Industrial relations (not routine)	permanent	
Personal Development: Nurses - training records	40 years after completion of training	
Personal Development: Study leave applications	2 years	
Recruitment: Applications for employment- unsuccessful applicants	1 year after completion of recruitment procedure	

Record Type	Minimum Retention Period	Notes
Recruitment: CVs for non-executive directors (successful)	5 years following end of term of office	
Recruitment: CVs for non-executive directors (unsuccessful applicants)	2 years	
Recruitment: Disclosure Scotland information	6 months	Six months after the date on which recruitment or other relevant decisions have been taken; or six months after the date on which recruitment or other relevant decisions have been taken.
Recruitment: Job advertisements	1 year	

5. **Procurement and Stores Records:**

Record Type	Minimum Retention Period	Notes
Approval files - contracts	permanent	
Approved suppliers lists	11 years	
Delivery notes	2 years	
Indents	2 years after financial year referred to	
Medical equipment specifications - major items purchased	permanent	
Medical Equipment - operating manuals	operational lifetime of equipment	
Procurement documentation	7 years	One copy of each supplier response from short listed to tender and the contract itself.
Products - liability	11 years	
Purchase orders	3 years after financial year referred to	
Requisitions	2 years after financial year referred to	
Stock control reports	2 years	
Stores - major (ledgers etc.)	6 years	
Stores - minor (requisitions, issue notes, transfer vouchers, goods received books etc.)	2 years	
Supplier correspondence	6 years after termination of agreement	

Record Type	Minimum Retention Period	Notes
Supplies records - minor (e.g. invitations to tender and inadmissible tenders, routine papers relating to catering and demands for furniture, equipment, stationery and other supplies)	2 years	

6. NHS Board Records:

Record Type	Minimum Retention Period	Notes
Area health plans	permanent	
Contracts - non sealed on termination	6 years	
Contracts- GP Practices and others to deliver core NHS services	permanent	
Contracts – sealed	permanent	Including associated records
Corporate policies	permanent	
Deeds of title	permanent	
Health promotion – core papers and visual materials relating to major initiatives	consider permanent preservation	
History of Boards or their predecessor organisations	permanent	
History of hospitals	permanent	
Hospital services files	consider permanent preservation	
Legal actions (adult)	7 years after case settled or dropped	
Legal actions (child)	until child is 18 or 7 years after case settled or dropped, whichever is later	
Litigation dossiers - complaints including accident reports	10 years	Where a legal action has commenced see Legal actions
Meeting papers - master set	permanent	Main committees and sub-committees of NHS Boards and special Health Boards and other meetings of significance for legal, administrative or historical reasons
Minutes - master set	permanent	Main committees and sub-committees of NHS Boards and special Health Boards
NHS circulars - master set	permanent	

Record Type	Minimum Retention Period	Notes
Nursing homes pre 1 April 2002: registration documents and building plans	permanent	The regulation of care services was taken over by the Care Commission on 1st April 2002.
Nursing homes pre 1 April 2002: inspection reports and general correspondence	5 years	The regulation of care services was taken over by the Care Commission on 1st April 2002.
Option appraisals	6 years after end of agreement	
Patient complaints without litigation - adults	7 years	
Patient complaints without litigation – children and young adults	until child is 16 or 7 years, whichever is later	
Photographs	consider for permanent preservation	Corporate and publicity photographs not used for patient care purposes.
Press cuttings	consider for permanent preservation	
Register of seals	permanent	
Reports - major	permanent	
Serious incident files	permanent	
Service development reports	6 years	
Service level agreements	6 years	
Strategic plans	permanent	
Subject files	permanent	Files relating directly to the formulation of policy and major controversies must be permanently preserved. Other files should be disposed of when no longer needed.
Trust arrangements legally administered by NHS organisations - documents describing terms of foundation/ establishment and winding-up	permanent	
Trusts arrangements legally administered by NHS organisations - other documents	6 years	

7. Service Planning:

Record Type	Minimum Retention Period	Notes
Activity monitoring reports	6 years after end of agreement	

Admission, transfer and treatment of patients- policy files	permanent	
Databases - demographic and epidemiological based on data supplied by NHS National Service Scotland, Information Services		In accordance with general policies of NHS National Service Scotland, Information Services, and any specific terms and conditions imposed by them in relation to particular data sets
Databases - demographic and epidemiological based on survey data		May be retained indefinitely if data quality and potential for future re-use justifies cost of migration / regeneration to new formats and platforms
Patient activity data	3 years	
Summary bed statistics	permanent	
Waiting list monitoring reports	6 years	
Winter business plans	6 years	

19. Retention of Medical Records

Types of record covered by this retention schedule:

- Patient health records (electronic or paper based; including those concerning all specialities, and GP medical records);
- Records of private patients seen on NHS premises;
- Accident and Emergency, Birth, and all other Registers;
- Theatre Registers and Minor Operations (and other related) Registers;
- Administrative records (including for example personnel, estates, financial and accounting records; notes associated with complaint handling); X-Ray and Imaging reports, output and images (but see also HSG(95)3, "*Health Service Use of Ionising Radiations*", which gives specific advice on record keeping for procedures and treatments, such as X-Rays, which use ionising radiations);
- Photographs, slides, and other images;
- Microform (that is fiche / film);
- Audio and video tapes, cassettes, CD-ROM and others;
- E mails;
- Digital records;
- Computerised records.

Retain all adult case records in complete form for 6 years following last date of contact.

Exceptions

- The patient is deceased – destroyed 3 years after death.
- There is a diagnosis of cancer – kept for lifetime of patient and destroyed 6 years after death.
- There is a “retain” sticker on cover of case record – kept for period specified on sticker, then destroyed.

- The patient is a child (under 16 years of age) – kept until the patient reaches 25 years of age or 10 years after death.
- The patient has obstetric records – kept for 25 years after birth of child.
- TPR and fluid balance charts relating to previous episodes can be destroyed on subsequent admission.
- Cardiac Surgery – kept for lifetime of patient and destroyed 3 years after death.
- Psychiatric Records - when entries are made prior to 01.01.61 they should be kept indefinitely. When entries are made after 01.01.61 they should be kept for the lifetime of the patient and 3 years after death.
- Person of Unsound Mind - it will be for the Board to use its judgement bearing in mind the provisions of the Prescription and Limitation (Scotland) Act 1973.
- Genetic Disorders - it is for the Board, through advice from the Consultant in Public Health Medicine, to use its judgement after consultation with the consultant in charge of the patient.
- Genetics samples and reports - all reports will be kept indefinitely. Slides for Cytogenetics will be stored for 10 years. Specimens for Molecular Genetics will be stored indefinitely.
- Cervical Smears - smears and records should be stored for 10 years.
- Histological Specimens - blocks and slides, kept for 15 years.
- Clinical Trials - files and data should be kept for 15 years.
- GP Records - these records should be sent to the Health Board on the death of the patient and retained for 3 years.
- Records of persons temporarily out of the country should be kept for 6 years.
- Children's and Young Adults' records should be retained until person reaches 25 years of age or 3 years after death.
- Mammograms and associated paperwork should be kept for a minimum period of 9 years following last attendance or 9 years from date of death, with the following exceptions:
 - Records for women with a screen detected cancer should be kept indefinitely.
 - Records for women with an interval cancer should be kept indefinitely,
 - Records relating to women which are deemed to be important for teaching and educational purposes may be anonymised and copied before the originals are destroyed. These anonymous copies may be kept indefinitely.
 - Records of women who are participating in a clinical trial should be kept indefinitely.
- X-ray films should be retained in accordance with MEL (1993) 152.
- Occupational Health records should be kept for at least as long as the person is employed by the Board. You may need to retain health records for up to 50 years but this depends on good practice and specific legislation (for example asbestos). Also, ill-health effects may not emerge until long after a person leaves Board employment.

Detailed guidance on retention and destruction of health records is given in the policy Health Records Services: Retention and Destruction of Personal Health Records Policy, published in 2011. See <http://www.scotland.gov.uk/Publications/2011/11/25111114/1> .

Note: No surviving health record dated 1948 or earlier should be destroyed.

Record Type	Minimum Retention Period (SG Records Management COP Version 2.0)	Site	Period from date of last attendance to transfer to secondary store	Period from date of last attendance to destruction	Final action
Adult	6 years after date of last entry or 3 years after death if earlier	All sites	3 years	6 years after date of last entry or 3 years after death if earlier	Destroy

Children and young people (including children's and young person's mental health records and neo-natal records)	Retain until the patient's 25 birthday or 26 th if young person was 17 at conclusion of treatment or 3 years after death If the illness or death could have potential relevance to adult conditions or have genetic implications, the advice of clinicians should be sought as to whether to retain for a longer period	All sites	2 years	Retain until the patient's 25 birthday or 26 th if young person was 17 at conclusion of treatment or 3 years after death	Destroy
Maternity (all obstetric and midwifery records, including those of episodes of maternity care that end in stillbirth or where the child later dies)	25 years after the birth of the last child	All sites	Following Delivery	25 years after the birth of the last child	Destroy
Mentally Disordered Persons (within the meaning of the Mental Health (Scotland Act 2003)	20 years after date of last contact between the client/service user and any health care professional employed by the mental health provider, or 3 years after death of the patient/client/service user if sooner and the patient died while in the care of the organisation. When the records come to the end of their retention period, they must be reviewed and not automatically destroyed. Such a review should take in to account any genetic implications of the patient's illness. If it is decided they to retain the records, they should be subject to regular review	All Sites	3 years	20 years after date of last contact between the client/service user and any health care professional employed by the mental health provider, or 3 years after death of the patient/client/service user if sooner and the patient died while in the care of the organisation	Destroy
Oncology (including radiotherapy)	30 years. Records should be retained on a computer database if possible. Also consider the need for permanent preservation for research purposes	All Sites	6 years	30 years	Destroy
Clinical Psychology	30 years	All Sites	3 years	30 years	Destroy
Dental, ophthalmic & auditory screening records	Adults - 11 years Children - 11 years, or up to 25 th birthday, whichever is the longer	All Sites	3 years	Adults - 11 years Children - 11 years, or up to 25 th birthday, whichever is the longer	Destroy
Genetic Records	30 years from date of last attendance	All Sites	3 years	30 years from date of last attendance	Destroy

1. NHS Orkney – Equality and Diversity Impact Assessment 2. Rapid Impact Checklist: Summary Sheet 3. Document title: Records Management Policy	
Positive Impacts (Note the groups affected) Applies equally to all staff	Negative Impacts (Note the groups affected) None identified
Additional Information and Evidence Required None required	
Recommendations Fully compliant following some minor layout amendments	
From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not? Full EQIA not required	

Names and Signature(s) of Level One

Impact Assessor(s) Jean Aim *Jean Aim* 17 March 2010

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