

## Portsmouth HealthCare NHS Trust **MEMORANDUM**

From

Lorna Green

Ref

LG/YJM

То

See below

CC

Barbara Hall Tony Cantelo

28 December 2001

## Trust Dissolution Project Guidelines for the Preservation and Devolvement of Records

I enclose guidance material prepared by Barbara Hall, Health Records Manager, to assist with the retention or disposal of records arising from the dissolution of the Trust. As well as the mandatory guidance, some practical advice is also included along with details of storage and archive locations.

Should you have any queries please contact Barbara Hall at St. James' Hospital on ext. 4176 or myself on 4351.

To avoid duplication I attach a list of records, etc. which will be archived from Trust Central Office. Any other sets of these records should be disposed of by 31st March, 2002. Please give me a call if you are aware of any items I have omitted from the list or that I should be aware of - I'm sure there will be something I've overlooked!

Best wishes.

To:

Max Millett Ian Piper

Eileen Thomas

Andy Wood

Peter King Ian Reid

Anne Monk Sandra Jones

Graham Heaney

Ray Palmer

Andy Silvester

Fiona Cameron

**David Clements** Lesley Humphrey

Janet Kearney

Alistair Macnaughton

Sharon Osterfield

Neil Stubbs Peter Tierney

Chris Tite Paula Turvey Diane Wilson David Barker Sue Frogley

Caroline Harrington

Julie Jones Steve King Barbara Melrose

Yvonne Mills Marie Preston

## **Trust Dissolution Project**

## Guidelines for the preservation and devolvement of records under Trust Dissolution

- \*For all records please take note of the NHS Mandatory Retention and Disposal Schedule attached
- 1. All files should be sorted into different categories i.e. Personnel, Trust Board minutes, Patient Records etc.
- 2. All managers' personnel files of staff leavers should be sent to the Personnel Department for filing in the central personnel record.
- 3. All files should be weeded through and any documentation or files that are outside the retention schedule timescales can be destroyed.
- 4. If there is any doubt over the retention period please refer to your manager.
- 5. Any files or documentation destroyed should be confidentially destroyed using the disposal company who are currently contracted to the Trust to carry out confidential shredding.
- 6. Keep files separated in the different categories.
- 7. Use standard storage boxes with lids.
- 8. If boxing files up, keep separate categories of file in separate boxes.
- 9. All files and records should be clearly annotated with the details of what they are including the name of the file and any file identifier or number.
- 10. If there are more than 1 box of the category of record, give each a number i.e. '1 of 6, 2 of 6' etc.
- 11.Put files in order that you would normally expect to find them i.e. alphabetical, file number, file name etc.
- 12.A list of each file that is included in the box should be made out and 1 copy kept in the box and another in the file which it is intended should be handed over to the new organisation.

# NHS Mandatory RETENTION & DISPOSAL SCHEDULE

The destruction of records is an irreversible act and the criteria stated below is intended to give guidance on the minimum retention periods. Whenever the schedule is used, the guidelines listed below should be followed:

- I. Local business requirements/instructions must be considered before activating retention periods in this schedule.
- II. Decisions should also be considered in the light of the need to preserve records, whose use cannot be anticipated fully at the present time, but which may be of value to future generations.
- III. Recommended minimum retention periods should be calculated from the end of the calendar or accounting year following the last entry on the document.
- IV. The selection of files for permanent preservation is partly informed by precedent and partly by historial content.
- V. The provisions of the Data Protection Act must also be complied with.\*
- VI. Records transferred to microfiche or optical imaging format should still only be kept as long as the records would have been retained should they have been kept in manual or paper format.

NB. Notes in italics indicate that a local decision has been made based on the requirements of other agencies i.e. inland revenue

	Programme Control	
Record Type	Minimum Retention Period (Years)	Notes
Abortion - Certificate A (Form HSA1) and	3	Abortion Regulations 1991,
Certificate B (Emergency Abortion)		Statutory Instrument No. 499
Accident Forms		See Litigation dossiers
Accident Register (RIDDOR)	3	Reporting of injuries, diseases and dangerous occurrence regulations, reg. 7; Social Security (Claims and Payments) Regulations, reg. 25
Accident and Emergency Registers	*	Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.
Accounts - Annual (Final - one set only)	Permanent	Could be lodged with Portsmouth City Records Office for permanent preservation
Accounts - Cost	3	
Accounts - working Papers	3	
Accounts - Minor records (pass books; paying-in slips; cheque counterfoils; cancelled/discharged cheques (other than cheques bearing printed receipts - See Receipts); accounts of petty cash expenditure; travelling and subsistence accounts; minor vouchers; duplicate receipt books; income records; laundry lists and receipts.)	2	From completion of the audit
Admission books		* Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit. Could be lodged with Portsmouth City Records Office.
Advance Letters	6	
Advice Notes	1.5	

Record Type	Retention Period (Years)	Notes
Agendas		See Meeting Papers
Agreements		See Contracts
Approval File (Contracts)	*	Should be considered for permanent preservation
Approved Suppliers Lists	11	Consumer Protection Act 1987
Audit Records - original documents	2	Form completion of the audits
Audit Reports (including Management Letters, VFM reports and system/final accounts memorandum)	2	After formal clearance by Statutory Auditor
Bank Statements	2	From completion of the audits
Benefactions	*	
Bills, receipts and cleared cheques	6	
Birth registers (i.e. register of births kept by the hospital)	*	Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.
Budgets	2	From completion of the audit
Buildings and engineering works, inclusive of major projects abandoned or deferred - key records, (e.g. Final accounts, surveys, site plans, bills of quantities)	Permanent	
Buildings and engineering works, inclusive of major projects abandoned or deferred - town and country planning matters and all formal contract documents (e.g. 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	The general principle to be followed in regard to these records is that they should be preserved for the life of the buildings and installations to which they refer.
Buildings - papers relating to occupation (but not Health & Safety information)	3	After occupation ceases. Construction Design Management Regulations 1994
Capital Charges Data	2	From completion of the audit
Capital Paid Invoices		See Invoices
Cash Books	6	The Limitation Act, 1980
Cash Sheets	6	The Limitation Act, 1980
Complaints		See Litigation dossiers

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Records Type / Sub Type	Retention Period (Years)	Notes
Computerised Records	The recommended minimum retention periods apply to both paper and computerised records, though extra care needs to be taken to prevent corruption or deterioration of the data.  Recording/migration of data will also need to be considered as software and equipment become obsolete. For guidance, See the Public Records Office Guidance, Management and Appraisal of Electronic Records 1998  This will apply to patient data bases	
Contracts - non sealed (property) on termination	6	The Limitation Act, 1980
Contracts - non sealed (other) on termination	6	The Limitation Act, 1980
Contracts - sealed	*	Contracts under seal and associated records should be kept fro a minimum of 15 years
Cost accounts		See Accounts
Creditor Payments	3	
CV's for non-executive directors (successful)	5	Following term of office
CV's for non-executive directors (unsuccessful applicants)	2	Following term of office
Day Files	0.5	
Death registers (i.e. register of deaths kept by the hospital)		Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit. Could be lodged with Portsmouth City Records Office. Probably not necessary as all patients deaths are recorded on patient database.
Debtors' records - cleared	2	From completion of the audit
Debtors' records - uncleared	6	
Deeds of Title	Permanent	
Delivery Notes	1.5	
Demand Notes	6	
Diaries - office - on completion	1	
Diaries - clinician's - on completion	3	Local decision based on inland revenue requirements for supported travel claims and any future litigation claims.
Discharge books (i.e. register of those discharged by the hospital)	*	Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.
Drawings		See Plans and Buildings
Engineering works		See Plans and Buildings
Equipment		See Products - Liability

Record Type/Sub Type	Retention Period (Years)	Notes
Establishment records - major (e.g. Personal files, letters of appointment, contracts references & related correspondence)	6	Keep for 6 years after subject of file leaves service, or until subject's 70th birthday, whichever is the later. Only the summary needs to be kept to age 70; remainder of file can be destroyed 6 years after subject leaves service.
Establishment records - minor (e.g. attendance books, annual leave records, duty-rosters, clock cards, timesheets)	2	
Estimates: including supporting calculations and statistics	3	
Expense Claims	2	From completion of the audit
Financial records	retention for of the audit) may be dest is retained for a suitable control.	ndividual headings. However, once the period of audit purposes is complete (2 years from completion documents not required for permanent preservation troyed provided a properly complied microfilm record or the remainder of the prescribed period, embodying ertificate by the treasurer as to its accuracy and ses. This does not apply to forms SD55 (ADP) and
Forms - Surgical Appliances - AP1,2,3, and 4	2	From completion of the audit
Forms - Superannuation - SD55 (ADP) and SD55J (copies)	10	Originals are sent to NHS Pensions Agency
Funding Data	6	
FWH - Personal Record of Hours Actually Worked	0.5	
Health records - personal/patients		See Hospital Patient case records (also applicable to community patient records)
History of Authority or Predecessors, its organisation and procedures	*	
History of Hospitals	*	

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N.B. This retention schedule does not cover GP medical records. Guidance on their retention can be found in HSC 1998/217 and ECL 2/68, both of which remain current as at March 1999.  Any reference to "conclusion of treatment" in the following recommended minimum retention periods, should be taken to include all follow-up checks and action in connection with the treatment.	The retention periods which are listed below reflect minimum requirements of clinical need. Personal health records may be required as evidence in legal actions; the minimum retention periods take account of this requirement. It is not necessary to keep every piece of paper received in connection with patients. NHS Trust and Health Authorities should determine, in consultation with their health professionals, which elements should be considered as a permanent part of the record, and which should be transient and discarded as their value ceases.  Before any destruction takes place, ensure that  (a) there is consultation with the relevant health professional body or records committee and actions clearly minuted;  (b) any other local clinical need is considered; and  (c) the value of the records for long-term research purposes has been assessed, in consultation with an appropriate place of deposit.
- pre 1948 records	Should by now have been transferred for permanent preservation or destroyed. Any pre-1948 records which still exist should be considered for permanent preservation, undergoing an appraisal procedure as described in the box above.
- Children and young people	Until the patient's 25th birthday, or 26th if young person was 17 at conclusion of treatment; or 8 years after patient's death if death occurred before 18th birthday.
- Donor records	11 years post transplantation. Committee on Microbiological Safety of Blood and Tissues for Transplantation (MSBT); guidance issued in 1996.
- 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 - See Appendix B2 for additional guidance on retention and storage of maternity records previously issued with HSG (94)11
Mentally disordered persons ( within the meaning of the Mental Health Act 1983)	20 years after no further treatment considered necessary; or eight years after the patient's death if patient died while still receiving treatment.
	8 years after conclusion of treatment, especially when surgery only involved. Consideration may wish to be given to BFCO(96)3 issued by the Royal College of Radiologists which recommends permanent retention on a computer database when patients have been given chemotherapy and radiotherapy.
- Patients involved in clinical trials	15 years after conclusion of treatment. EEC Note for Guidance: Good Clinical Practice for Trials on Medicinal Products in the European Community, section 3.17 (see - Pharmacology & Toxicology 1990, 67, 361-372.)
- General (not covered above)	8 years after conclusion of treatment.

## Notes on preservation of patient records for historical purposes

- In the light of the latest trends in medical and historical research, it may be appropriate to select some of these records for permanent preservation. Selection should be performed in consultation with health professionals, and archivists from an appropriate place of deposit. If records are to be sampled, specialist advice should be sought from the same health professionals and archivists. If a NHS Trust or Health Authority has taken on a leading role in the development of specialised treatments, then the patient records relating to these treatments may be especially worthy of permanent preservation.
- 2. If a whole run of patient records is not considered worthy of permanent preservation but nevertheless contains some material of research value, then the option of presenting these records to local record offices and other institutions under s.3(6) of the Public Records Act 1958 should be considered. Advice on the presentation procedure may be obtained from the PRO's Archive Inspection Services.
- 3. If a whole run of patient records is considered worthy of permanent preservation but there is a lack of space in the relevant place of deposit to store these records, it may be appropriate to make a microfilm copy and then destroy the paper originals. Microfilms should be produced in accordance with the British and International Standard BS ISO 6199: 1991, copies of which can be purchased from the British Standards Institute.

#### Notes on the destruction of confidential patient records

1. Destruction of confidential records must ensure that their confidentiality is fully maintained. Normally destruction should be by incineration or shredding. Where this service is provided by a contractor it is the responsibility of the NHS Trust or Health Authority to satisfy itself that the methods used throughout all stages including transport to the destruction site provide satisfactory safeguards against accidental loss or disclosure.

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Record Type	Retention Period (Years)	Notes
Hospital Services	10	
Indexes	Lifetime	Registry lists may describe public records marked for permanent preservation, or contain the record of management of public records. They should in these cases be retained permanently. File-lists and document lists, where public records or their management are not covered, should be retained until they have no further administrative use.
Income and expenditure journals	6	
Industrial Relations (not routine staff Matters)	*	Local decisions to be made
Inspection Reports - e.g. Boilers, lifts etc.	Lifetime	Normally retain for the lifetime of an installation. However, it is necessary to assess whether obligations incurred during the lifetime may not be invoked until afterwards, in which case a judgement must be made. If there is any measurable risk of a liability in respect of installations beyond their operational lives, records of this kind should be retained indefinitely.
Inventories (not in current use) of items having a life of less than 5 years	1.5	
Invoices	6	The Limitation Act, 1980
Job Advertisements	1	
Job Applications (following termination of employment)	3	
Job Descriptions (following termination of employment)	3	
Korner Records		See Patient Activity Data
Laboratory records		Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.
Land Surveys/Registers		
Laundry Lists and Receipts	2	From completion of the audit
Leases		
Leavers Dossiers (provided summary retained)	6	
Ledgers	6	The Limitation Act, 1980
Letters of appointment		See Establishment records - major
Litigation Dossiers (complaints including accident reports)	10	Where a legal action has been commenced, keep as advised by legal representatives
Maintenance contracts - routine		See contracts
Manuals - operating	Lifetime	See Inspection reports

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Records Type	Retention Period (Years)	Notes
Manuals - policy and procedure	*	Local decisions to be made
Maps	*	Local decisions to be made
Maternity records		See Hospital patient case records
Medical records		See Hospital patient case records
Meeting Papers - committees, sub-committees, predecessors (Master copies)	Permanent	Could be lodged with Portsmouth City Records Office
Minutes - reference copies	1	
Mortgage documents (acquisition, transfer and disposal)	Permanent	
Nominal Rolls	6 (max.)	As a general rule, it may be appropriate for only the current nominal roll and the immediately preceding roll to be kept.
Non-Exchequer funds records	would be appre	nically exempt from the Public Records Acts, it opriate for authorities to treat these records as if so exempt. See Income and expenditure journals,
Nurses Training Records	30	
Obstetric records		See Hospital patient case records - Maternity records
Occupational Health Records	40	On advice of Health and Safety committee
Operating Theatre registers		Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.
Patient Activity Data	3	(will include Korner returns to the DoH etc)
Pay Roll - other staff	6	
PAYE Records	6	
Personnel Files		See Establishment records - major
Pharmacy records		Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.
Photographs	*	Unless as part of a patient or personal record in which case the time period stated applies
Plans - Building (As Built)		
Plans - Building (Detailed)	Lifetime	See Inspection reports
Plans - Engineering	Lifetime	See Inspection reports
Press Cuttings	1	
Private patient records admitted under section 58 of the National Health Service Act 1977 or section 5 of the National Health Service Act 1946.		Although technically exempt from the Public Records Acts, it would be appropriate for authorities to treat such records as if they were not so exempt. See Hospital patient case records.

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Products - Liability	11	Consumer Protection Act 1987
Project Files (over £100,000) on termination -		
including abandoned or deferred projects		
Project Team Files - summary retained	3	
Property Acquisitions Dossiers	Permanent	
Property Disposal Dossiers	Permanent	
Quality Assurance Records	12	
Receipt for registered and recorded delivery mail	1.5	
Receipts	6	The Limitation Act, 1980
Record of custody and transfer of keys	1.5	
Reports (major)	Permanent	
Requisitions	1.5	
Research and Development (Scientific,		
Technological and Medical)		
Salaries		See Wages
SD55(ADP) and SD55J		See Forms
Serious Incident Files		
Site Files	The second state of the se	See Contracts
Software licences	Lifetime	
Specifications	6	The Limitation Act, 1980
Staff Records		See Establishment records - major
Stock Control Reports	1.5	
Stores Records - major (stores ledgers etc.)	1.5	
Stores Records - minor (requisitions, issue notes, transfer vouchers, goods received books etc.)	1.5	
Structure Plans (LA's)		
Study Leave Applications	1.5	
Subject Files	*	Local decisions to be made
Superannuation Accounts	10	
Superannuation Registers	10	
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)	1.5	
Surgical Appliances - Forms		See Forms
Surveys - building and engineering works		Lifetime of building
Tax Forms	6	
Tenders (successful)		See Contracts
Tenders (unsuccessful)	6	The Limitation Act, 1980
Time Sheets		See Establishment Records - minor
Title Deeds		See Deeds of Title

Records Type	Retention Period (Years)	Notes
Trusts Administered by RHAs - Terms of	Permanent	
Trust documents without permanent relevance	6	
VAT Records	6	In some instances, a shorter period may be allowed; but agreement must be obtained from Customs & Excise - see Appendix C for contact details
Wages/Salary Records	10	For superannuation purposes authorities may wish to retain such records until the subject reaches benefit age.
Ward registers		Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.
X-ray films (including other image formats for all imaging modalities)		Local decisions should be made with regard to the preservation of these records, which are considered to be of transitory nature
X-ray registers		Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.
X-ray reports (including reports for all imaging modalities)		To be considered as a permanent part of the patient record - See Hospital patient case records

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Child Development Centre		•	•		-				-	-	-	1	+	1						
Cosham Health Centre	-	-	-	+-	•	+	<u> </u>	+	+-	-	+	+	+							
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Portsea Clinic		-		-	-	+-		+	+-	+	-	1	$\top$			1	•			
Kingsway House	•	-	+-	+-					-				+							
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Queen Alexandra Hospital	+-	-			-	-		+	+			1	1				•	•	•	•
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St. Mary's Hospital	-	+-	+	+-	-	-		_	-											
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Havant War Memorial Hospital		T	•	•									-		_	•				
Hayling Island Health Centre					•		•	•							-				-	
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Archive Store/St. James Hospital		•		•			•	•					-			-				
G Villa Coldeast Hospital													•	•						-
Central Health Records Library/SJF	1	I								•	•	•								

SM = Substance Misuse

CH = Child Health

PT = Physiotherapy

OT = Occupational Therapy

HV = Health Visitor

DN = District Nursing

SALT = Speech and Language Therapy

Pod = Podiatry

FP = Family Planning

AMH - Adult Mental Health

EMH = Elderly Mental Health

CFTS = Child and Family Therapy

LD = Learning Disabilities

PHT = Portsmouth Hospitals Trust (General Episode records on a shared District Wide Basis)

PC = Palliative Care

Personnel records are likely to be held by individual managers

## Documents

Trust Board minutes (including Panel minutes)

Operational Management Group minutes

Trust Health and Safety minutes Risk Management Group minutes

Annual Reports **Business Plans** Complaints

Litigation Standing Orders

Standing Financial Instructions

Annual Accounts

## Action

Lorna Green Lorna Green Julie Jones Julie Jones David Barker David Barker Barbara Melrose Lorna Green

Lorna Green Lorna Green

Andy Wood