

RECORDS MANAGEMENT & RETENTION POLICY

To ensure that reliable and accurate records are created, capable of supporting clinical activity and reflect legislation requirements

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1. Introduction

This policy sets out the high-level standards to be met by in relation to the creation, maintenance, management and safe disposal of records.

Information is a vital asset, contributing to the clinical management of individual patients and the efficient administration of business services and resources throughout Dr Kershaw's Hospice (Hospice).

It plays a key role in service planning, performance management, and clinical, research and corporate governance. The usefulness of such data must be balanced with legal responsibilities and respect for data subjects' right to privacy.

This policy also takes into account the key regulatory requirements and industry standards affecting records management and retention, including:

- The provisions of the Data Protection Act 1998 (DPA)
- Care Quality Commission, Outcome 21
- Health & Social Care Information Centre (HSCIC) - Information Governance toolkit.

The Policy is intended to ensure that compliance with it will achieve a records management regime across the Hospice which meets business needs efficiently and is compliant with relevant law and regulations.

2. Aims/ Purpose

The Records Management and Retention Policy aims to ensure that all information, in whatever medium, is appropriately managed and available to:

- support patient care and continuity of care
- support day-to-day business, which underpins delivery of care
- support evidence based practice
- support administrative and managerial decision making
- meet legal requirements, including requests from patients under the access to Health Records legislation
- assisting clinical and non-clinical audits
- support improvements in clinical effectiveness through research and also support archival functions by taking account of the historical importance of material and the future needs of research

Dr Kershaw's Hospice will ensure that reliable and accurate records are created, capable of supporting clinical activity and reflect legislation requirements.

A consistent approach to Records Management will be achieved by organisation wide adherence to this policy, and will be achieved by creating a procedural framework which ensures that:

- Records are easily accessible, on a need to know basis, to allow well informed judgements to be made.
- Records are kept securely and protected from any accidental loss, destruction, or unauthorised access.

- Records are not kept for longer than is necessary, in line with the activities of a department, and in accordance with the NHS Code of Practice for Records Management.
- Patient records will be kept on-site for three years. Then they will be stored at an offsite facility (Restore at Mills Hill, Oldham) for seven years – where they will be labelled with the destruction date and a Certificate of Destruction will be provided.

3. Chief Executive Officer (CEO) and Director Roles & Responsibilities

Primary responsibility for records and records management rests with each operational owner of the process to which the records relate, unless an alternative arrangement is made.

CEO and Directors responsibilities are to ensure that:

- The policy is available to all employees.
- The policy is applied fairly and consistently
- All Senior Management will be responsible for addressing any misuse or abuse of the Records Management and Retention policy
- The Policy will be kept under review to ensure that it effectively meets the needs of the Hospice and its employees.

3.1 Managers Responsibilities

It is the Manager's responsibility to ensure that:

- The policy is available to all employees
- Employees have read and understood the policy
- The day-to-day management and adherence to the Policy is maintained
- All managers will be responsible for addressing any misuse or abuse of the Records Management and Retention policy.

3.2 Employee's responsibilities

Employees will be expected to:

- Have read and understood the policy
- Adhere to the policy

4. Outcomes

- Clear principles that will be used for retention, archiving and disposal of records held within the Hospice.
- Compliance is assured with the relevant legislation and national standards including the Department of Health (DH)
- All records held within the Hospice irrespective of the format (e.g. paper, databases, e-mails, X-rays, photographs, DVDs/CDs) in which they are held are covered by this policy.

The Hospice only retains these records as long as there is a legal obligation to do so. Unless agreed for extended preservation, all records will be securely destroyed on expiry of minimum retention periods as listed in the retention schedules (Appendix1)

5. Policy Details

5.1 Records Management Standards

The following standards must be applied throughout the Hospice. Their impact, and the practical steps necessary to address them, should be assessed taking into account Hospice risk appetite in relation to relevant issues and the service provided.

- Records Management, in accordance with this Policy, is a mandatory consideration throughout the Hospice (including systems and new or revised process developments).
- Records must be created and retained in accordance with this Policy where they are necessary for legitimate business, legal or regulatory purposes.
- Broadly speaking, records should be capable of being reproduced in the English language on paper.
- All records containing personal data or which are otherwise confidential must be held in a facility or system to which access is appropriately controlled and which provides security commensurate with the risk that unauthorised access to, or loss of, the records would present.
- Records held electronically must be held in a system in relation to which the Hospice has, as far as reasonably practicable, satisfied itself as to compliance with the BSI's Code of Practice for Legal Admissibility. The Code is designed to ensure, amongst other things, that the integrity of the system, and thus the authenticity of the record, can be proved should the need arise.
- Where consideration is to be given to records, or access to records, being provided to a third party, compliance with the provisions of the DPA must be assured and appropriate legal and security safeguards (including the commitment of the third party to meet the requirements of this Policy) must be ensured before the arrangement can proceed.
- All records should, at any time of their creation, be allocated a retention period in accordance with this Policy. Where this is not reasonably practicable, a process must be implemented to review records held at appropriate intervals in order to assess the need for on-going retention.
- A record that has reached the end of its retention period must be securely destroyed unless a legitimate, supervening need has arisen to retain it, in which case a revised retention period, or a periodic review process, must be established.

6. Procedure

Each area within the Hospice must have documented record retention procedures specific to them and processes in place that underpin this Policy.

The following points must be considered and all identified requirements addressed in relation to each operational and support process and all change developments:

- The types of records that need to be created / retained and the information they must contain
- The risks attached to creating and holding each type of record
- The length of time for which each type of record, must be retained
- The form / medium in which each type of record, must be created and kept
- The indexation facilities required to ensure simple and quick identification, and reproduction where needed, of specific data
- The control arrangements for records access
- The control arrangements required to ensure that the integrity, authenticity and security of the records are preserved throughout the retention period

- The mechanism and / or process required to ensure the secure destruction of records at the end of the retention period
- The control arrangements required to enable destruction to be avoided where it becomes necessary to extend the retention period beyond that initially fixed.

7. Definitions

- “Records” are defined as information created, received and maintained as evidence and information by an organisation or person in pursuance of legal obligations or in the transaction of business
- “Retention” usually means the length of time for which records are to be kept. Thus it normally represents and will be expressed as a disposal period
- “Disposal” in this context does not just mean destruction: it embraces any action taken [or yet to be taken] to determine the fate of records including transfer to a permanent archive.

8. References

There are a large number of legislative and regulatory provisions and guidance affecting record keeping and records management. Some of those most likely to be relevant to the Hospice are set out below, with the key ones shown in bold text, but this list should not be regarded as exhaustive.

- **Care Quality Commission**, March 2010, Guidance about Compliance: essential standards of quality and safety, appendix B, Outcome 21.
- **Data Protection Act 1998, c. 29**
- **Gambling Act 2005, c. 19**
- Human Rights Act 1998, c.42
- Health & Safety Legislation
- Access To Medical Records Act
- Contractual obligations
- BSI Code of Legal Admissibility
- Occupational Pension Scheme Regulations
- Control of Asbestos at work Regulations
- Companies Act
- **Charities Act**

This Policy should be read in conjunction with the following policies:

- Confidentiality Policy
- Information Governance Policy

9. Appendices

Appendix 1: Records Retention Schedule

Appendix 2: Equality Impact Assessment Checklist

Appendix 1: RECORDS RETENTION SCHEDULE

The Dr Kershaw's Hospice Records Retention Schedule sets out the minimum retention periods, mainly from a legal and / or regulatory perspective. Whilst it does not provide an exhaustive list of records, it should be regarded as a baseline from which to consider relevant factors, including risks and business needs. Where both legal and regulatory retention timescales apply to the same record, or category of records, then generally speaking, consideration should be given to retaining the record for the longer of the two retention timescales.

REMEMBER: Keeping data longer than is necessary is a breach of Data Protection.

Record Category	Minimum retention Period	Regulatory/Legal Requirements
Senior Management/Trustees		
Board Minutes	Indefinitely	Common practice
Board Committee Papers	Indefinitely	Common practice
Reports and accounts	Indefinitely	Common practice
Register of Directors	Indefinitely	Common practice
Significant Policy papers	Indefinitely	Common practice
Trustees' minute book	Indefinitely	Companies Act Pensions Act
Health and Safety		
Statement of General Policy	If amended, previous version kept for at least 6 years	Health & Safety at Work Act 1974
Record of meetings with safety committee	7 years	Health & Safety at Work Act 1974 Limitations Act 1980 ¹
Accident records/reports/investigations	7 years after the last entry or end of investigation if later	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
Complaints		
Record of complaints and investigation	7 years after death or discharge or completion of investigation if later	Data Protection Act Health & Social Care Care Quality Commission (CQC)

¹ Limitations Act – legislation which lays down limits for legal actions to be brought, which means that a person with a claim, will lose it if he/she does not claim within a specified period. A limitation period usually starts to run from the date of the event that gave rise to the legal cause of action.

Care		
Patient Records*	7 years (from point of last entry)	The Caldicott Committee Report on the Review of Patient Identifiable Information - Guidance from the Department of Health (12/97)
Purchasing (non-medical equipment)	2 years	Finance and Central Services
Incidents and events reported to the CQC	7 years	Care Quality Commission (Registration) Regulations 2009
Deprivation of Liberty	7 years	Deprivation of Liberty Safeguards
Medical Certificates of Cause of Death (counterfoils)	3 years	Births and Deaths Registration Act 1953
Business Meeting Minutes relating to Care Departments	3 year	Common Practice
Clinical Diaries	7 years	
Hazard Notices: Relevant & Non-Relevant	3 years	
Pharmacy Drug Books (all types)	3 years	Limitations Act 1980
Clinical Audit Records	3 years	
Telephone Advice Line Records	7years (aligned, where possible to patient records)	
Controlled drug register	3 years	Data Protection Act
Information Management		
Key documents e.g. policy documents, retention and disposal schedules, procedures, etc.	Indefinitely	The BSI Code of Practice for Legal Admissibility of Information Stored Electronically
Records relating to storage	3 years, depending on item	The BSI Code of Practice for Legal Admissibility of Information Stored Electronically
Retention & Disposal schedules	Indefinitely	
Technical Services - (Main Hospice Buildings only)		
Maintenance of premises and non-medical equipment	Indefinitely	
Electrical Testing	Indefinitely	Health & Safety at Work Act, 1974
Fire Risk Assessment	Indefinitely	Fire Safety Order
Water Safety	Indefinitely	Health & Safety at Work Act 1974

Purchase/Maintenance of Medical Devices and Equipment Contracts	Indefinitely	
Education		
Training & Competency Records	7 years (from the end of employment)	
Travel claims and authorisations	3years	Limitation Act 1980
Training & Education records relating to external attendees (students and professionals)	7 years	
Human Resources		
Individual employee's records (references, qualifications, job application, contract, training, assessments, disciplinary, redundancy, resignation, occupational health record etc.)	7 years after employment ends	Data Protection Act Limitation Act 1980
Job application forms and interview notes (unsuccessful applicants)	1 year	Limitation Act 1980
Unsuccessful after interview	6 Months	Disability Discrimination Act 1995 and Race Relations Act 1976
Volunteer records	Indefinitely (Deleted after 3 years when they cease to volunteer)	
Pre-employment health screening records – 'Fit for Purpose' notifications	7 years after employment ends	Management of Health & Safety at Work Regulations 1999
Pension Records (M18e Pension Scheme only)	Death or date of claim	
Annual leave records	3 years	Common practice
Finance		
Payroll & payroll control account	7 years plus current year	Companies Act /Charities Act Taxes Management Act 1970
Statutory Maternity Pay records, calculations, certificates and self-certificates	3 years after the end of the tax year in which the maternity period ends	Statutory Maternity Pay (General) Regulations 1986 The Income Tax (Employments) Regulations 1993, 1996 Pensions Act

Statutory sick pay records, calculations, certificates and self-certificates	3 years after the end of the tax year for Statutory Sick Pay purposes	Statutory Sick pay (General) Regulations 1982
Income tax records, notice of tax code changes, certificates of pay & tax deducted, etc.	7 years plus current year	Taxes Management Act 1970
Records of pension deductions	7 years plus current year	Pensions Act
Sage Accounting (All Financial Invoices (In & Out))	7 years (end of Financial year)	Companies Act, Charities Act HMRC
Credit Card Records (slips, Order Forms)	Until transaction received	Common practice
Banking Records (cheque book stumps, paying-in slips, reconciliations, etc.)	7 years (end of Financial year)	Companies Act, Charities Act, HMRC
Donations and Sponsorship	7 years	HMRC
Successful quotations for capital expenditure	Indefinitely	Commercial considerations
Deeds of covenant / gift aid declarations	7 years after the last payment made.	Data Protection Act
Legacies	7 years after estate has been wound up	Data Protection Act
Final Annual Accounts	Indefinitely	Common practice Companies Act Pensions Act
Community & Income:		
- Lottery		
Lottery Round Sheets	7 years 3 years	HMRC Gambling Commission
Single Tickets	3 years	Gambling Commission
Raffle Tickets	3 years	Gambling Commission
Banking Information (Relating to Lottery)	7 years (end of Financial year)	VAT Act HMRC
Standing Order Mandate	7 years from the date of the transaction	Limitations Act 1980
- Trading		

Christmas card mail orders	After transaction has been completed	
Maintenance of Premises (Shops)	Indefinitely	Health & Safety at Work Act 1974
Electrical Testing (Shops)	Indefinitely	Health & Safety at Work Act 1974
Fire Risk Assessments (Shops)	Indefinitely	Fire Safety Order
Water Supply (Shops)	Indefinitely	Health & Safety at Work Act 1974
- Fundraising		
Volunteers Details	Indefinitely (Deleted after 3 years when cease to volunteer)	
Potential Sponsors Electronic Data (Harlequin)	Indefinitely	
Consent Forms to Use an Individual's Information	3 years	
Contracts and Marketing		
Literature and leaflets including financial promotions	7 years	Limitations Act 1980
Other Contracts	7 years after contract terminated	Limitations Act 1980
Contracts relating to building construction, repair & maintenance etc.	15 years after contract performed (latent damage long-stop)	Limitations Act 1980
Chaplaincy		
Chaplaincy Records	3 years	
PR & Communications		
Photographs (where the photograph refers to a particular patient it should be treated as part of the health record)	Retain according to the standard minimum retention period appropriate to the patient (see Care above*)	
Buildings, plant and engineering		
Deeds of title	Indefinitely or until dispose of property²	Data Protection Act
Leases	14 years after expiry	Limitations Act 1980
Asbestos Register and Asbestos Disposal certificates	Indefinitely (Record the location & assess risk)	Control of Asbestos at Work regulations

Records of major refurbishments, warranties, planning consents, design documents, final health and safety file.	14 years for actions against contractors, etc.	Data Protection Act
Others		
Gifts & Hospitality Register	3 years	
Card payment Receipts	6 months	

² Copy of title deeds should be kept for 6 years after disposal.

The Information Governance Alliance (IGA) Records Management Code of Practice for Health and Social Care 2016 can also be referred to <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016>

Appendix 2 - Equality Impact Assessment Checklist

To ensure relevant equality and equity aspects of policies have been considered and addressed in the document to give assurance that the policy will be legal, fair and equitable.

POLICY TITLE/NAME:	Records Management and Retention Policy		
POLICY AUTHOR:	Lyndsey Donbavand	DATE OF ISSUE:	JUNE 2015

		YES	NO	If yes, what positive or negative impact do you assess there may be?
1	Does the proposal affect one group more or less favourably than another on the basis of:		X	
	• Age		X	
	• Pregnancy and Maternity		X	
	• Sex		X	
	• Gender or Gender Re-Assignment		X	
	• Marriage or Civil Partnership		X	
	• Religion or belief		X	
	• Sexual orientation (L.G.B.T.)		X	
	• Nationality/Race		X	
	• Disability (including physical and mental health problems)		X	
2	Will the proposal have an impact on lifestyle? (E.g. diet and nutrition, exercise, physical activity, substance use, risk-taking behaviour, education and training).		X	
3	Will the proposal have an impact on social environment? (E.g. social status, employment (either paid or not), social/family support, stress, low income, homeless).		X	
4	Will the proposal have an impact on physical environment? (E.g. living conditions, working conditions, pollution or climate change, accidental injury, public safety, transmission of infectious disease).		X	
5	Will the proposal affect access to or experience of services? (E.g. health or social care, transport, housing services, education).		X	

Equality Impact Assessor:	Lyndsey Donbavand	Date of assessment:	21/02/2018
Job Title:	Quality and Governance Manager		