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NHS
Frimley Health
NHS Foundation Trust

Trust Policy

Non-Clinical Records Management Policy

Key Points

- The aim of this policy is to define a structure for the Trust to ensure adequate non-clinical records are maintained, managed and controlled and comply with legal, operational and information needs.

- The policy includes a quick reference chart of the retention period of non-clinical records.

- Information regarding changes to the 30 year rule has been included

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Role of Executive Lead:	Director of Finance
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Version Control Sheet

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0.1	09/05/16	Head of Information Governance	Draft	Transferred to new format
1.0	June 2016	Policy Officer	Final	Approved by HEB Amendments to formatting
1.1	June 2018	Policy Officer, Trust Data Protection Officer	Interim	References to DPA 1998 updated to reflect implementation of DPA 2018
1.2	June 2019	Deputy Head of Information Governance	Interim	Update of 20 year rule

Document Location

Document Type	Location
Electronic	Policy Hub

Related Documents

Document Type	Document Name
Policy	Clinical Records Management Policy

Contents

1.   INTRODUCTION

1.1   Records Management is the process by which an organisation manages all the aspects of records whether internally or externally generated and in any format or media type, from their creation all the way through to their lifecycle to their eventual disposal.

1.2   The Records Management: NHS Code of Practice has been published by the Information Governance Alliance as 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.

1.3   The Trust's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making protect the interests of the Trust and the rights of patients, staff and members of the public. They support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.

1.4   The Trust also believes that its internal management processes will be improved by the greater availability of information that will accrue by the recognition of records management as a designated corporate function.

1.5   This policy determines the standards which must be followed when handling any Trust Non-Clinical record.

1.6   This policy document should be read in conjunction with the Trust's Clinical Records Policy.

1.7   Frimley Health NHS Foundation Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

1.8   Where it is identified a member of staff is not adhering to the guidelines set out in this policy, the Trust reserves the right to take disciplinary action.

2.   SCOPE OF THE POLICY

2.1   This policy relates to all Trust master copies of non-clinical records, both manual and computerised, which become a formal record of the Trust. Working copies must be destroyed in accordance with Trust policy when no longer required by the holder of the copy.

2.2   The main principles of this policy are:
- it relates to all non-clinical, operational records held in any format by the Trust.

- it applies to information in paper and other physical forms, e.g., electronic, microfilm, negatives, photographs, audio or video recordings and other assets.
- it relates to the 5 distinct phases in the life of information; creation, retention, maintenance, use and disposal.
- to set out the Trust's commitment to create, keep and manage non-clinical records, including electronic records that document its principal activities.
- to define a structure for the Trust to ensure adequate records are maintained, managed and controlled and comply with legal, operational and information needs.

2.3   Records can be created by anyone working within or on behalf of the Trust. This includes, but is not limited to, employees, agents, contractors and volunteers in any capacity.

2.4   The Trust Board has adopted this records management policy and is committed to on-going improvement of its records management functions as it believes that it will gain a number of organisational benefits from so doing. These include:
- Better use of physical and server space;
- Better use of staff time;
- Improved control of valuable information resources;
- Compliance with legislation and standards; and
- Reduced costs.

2.5   This document sets out a framework within which the staff responsible for managing the Trust's non-clinical records can develop specific policies and procedures to ensure that records are managed and controlled effectively and at best value, commensurate with legal, operational and information needs.

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

3.   DEFINITIONS

3.1   A Record is defined as anything which contains information (in any medium) that has been created or gathered as a result of any aspect of the work of NHS employees, including (but not limited to) bank, agency and locum staff; students; voluntary staff and trainees on temporary placements.

3.2   A Clinical Record is defined as 'any record which consists of information relating to the physical or mental health or condition of an individual and has been made by or on behalf of a health professional in connection with the care of that individual'.

3.3   A Non-Clinical Record is defined as any Record which is not a Clinical Record as per the definitions above.

3.4   Information is a corporate asset. The Trust's records are important sources of administrative, evidential and historical information. They are vital to the Trust to

support its current and future operations (including meeting the requirements of Freedom of Information legislation), for the purpose of accountability, and for an awareness and understanding of its history and procedures.

4.   PURPOSE OF THE POLICY

4.1   The purpose of this policy is to ensure clinical records are managed and controlled appropriately. This includes how a record is created and kept secure.

5.   THE POLICY

5.1   Legal and Professional Obligations

5.1.1   The implementation of Section 46 of the Freedom of Information Act 2000 mandates the correct and efficient management of all of information held by the Trust.

5.1.2   The Data Protection Act 2018 requires organisations to ensure all personal information is held, obtained, recorded, used and shared legally, fairly and securely.

6.   INFORMATION QUALITY ASSURANCE

6.1   Records of operational activities need to be complete and accurate to enable members of staff and their successors to undertake their roles and responsibilities effectively as well as provide authentication of the records so that the evidence derived from them is shown to be credible and authoritative.

6.2   When managing its records, the Trust must ensure that the records being created are of high quality, thereby ensuring staff understand:
- How to validate information being recorded - to ensure that staff are recording the correct data;
- How to identify and correct errors – so that staff know how to correct errors and how to report errors if they find them;
- The use of information – so staff understand what the records are used for (and therefore why timeliness, accuracy and completeness of recording is so important); and
- How to update information and add in information from other sources.

7.   RECORD CREATION

7.1   Each area of the Trust (e.g. finance, estates, IT, directorates) must have in place a process for documenting its activities. This is achieved through the creation of records. Each area of the Trust, when creating new records, must give consideration to the legislative and regulatory environment in which the area of the Trust operates.

7.2   The creation of records within each area of the Trust must be created with consideration to the whole lifecycle of the records – from creation through to its final destruction.

7.3   The creation of records will protect the legal and other rights of the Trust, its patients, staff and any other people affected by its actions.

7.4   Records created by the Trust must be arranged in a record-keeping system that will enable each area of the Trust to obtain the maximum benefit from the quick and easy retrieval of information.

7.5   It is important for the Trust to train staff appropriately and provide regular updated records management training. The Trust must ensure staff are fully trained in record creation, including having an understanding of:
- what they are recording and how it should be recorded; and
- why they are recording it;

8.   RECORD KEEPING/MAINTENANCE

8.1   Implementing and maintaining effective records management depends on the Trust's knowledge of what records it creates and are held, where they are stored, who manages them, in what format(s) they are made accessible, and their relationship to the Trust's functions.

8.2   The Trust will establish and maintain mechanisms through which departments and other units can register the records they are maintaining. The inventory of record collections will facilitate:
- The format of the record e.g. electronic, manual;
- The classification of records into series;
- The recording of the responsibility of individuals creating records;
- Retention periods of the record;
- Destruction cycle of the record;

8.3   The Trust's paper and electronic record keeping systems will contain descriptive and technical documentation to enable the Trust's records to be managed efficiently.

8.4   The Trust record keeping processes, whether paper or electronic, will include a documented set of rules for referencing, titling, indexing and the protective marking/classification of records. These processes will be easily understood and enable the efficient retrieval of information when it is needed and to maintain security and confidentiality.

8.5   For records in digital format, maintenance in terms of back-up and planned migration will be managed by the Trust's Informatics Department in conjunction with the department to ensure continuing access to information.

8.6   The Trust will adopt the Department of Health Information Classification standards to enable the Trust's records to be more efficiently managed.

8.7   The movement and location of records will be controlled to ensure a record can be easily retrieved at any time, any outstanding issues can be dealt with, and there is an auditable trail of record transactions.

8.8   The storage of records on all types of media must be safe and secure from unauthorised access and meet health and safety and fire regulations but must also allow maximum accessibility of the information commensurate with its frequency of use.

8.9   When paper records are no longer required for the conduct of current business, the Trust will place these in the Trust's off-site storage facility in accordance with the Trust offsite storage procedures.

8.10   The Trust's IT and Business Continuity plans will incorporate key Trust documentation/records which are vital to the continued functioning of the Trust.

9   ACCESS AND DISCLOSURE

9.1   Records should be stored in a secure location when not being used e.g. lockable filing cabinets, cupboards, rooms (locked and/or alarmed when unattended and outside of normal working hours).

9.2   Access controls have been implemented to prevent unauthorised access or alteration of records. Paper records will be kept in a locked filing cabinet or locked room; electronic files will be kept in individuals' network folders or shared network folders with access limited to authorised individuals.

9.3   Access to NHS records and information will be in accordance with the Data Protection Act 2018, the Caldicott principles, Freedom of Information Act 2000 and in accordance with the relevant Trust Policies.

9.4   The Trust will ensure it complies with the range of statutory provisions that limit, prohibit or set conditions in respect of the disclosure of records to third parties, and similarly, a range of provisions that require or permit disclosure. The key statutory requirements are detailed in the Information Governance Alliance Records Management Code of Practice Annex C.

9.5   The Trust's Caldicott Guardian will be involved in any proposed disclosure of confidential patient information which will be undertaken in accordance with the Department of Health Confidentiality: NHS Code of Practice.

9.6   The Trust's Head of Information Governance is responsible for keeping up to date with the range of guidance documents (e.g. Information Commissioner's Use and Disclosure of Health Information) which interpret statutory requirements to be able to provide advice on the disclosure of records.

9.7   The Trust's Head of Information Governance will ensure robust procedures are developed for both information and subject access requests by members of the public.

10.   CLOSURE AND TRANSFER OF RECORDS

10.1   All Trust records must be closed (i.e. made inactive) as soon as they have ceased to be in active use other than for reference purposes.

10.2   An indication that a file of paper records or folder of electronic records has been closed, together with the date of closure, should be shown on the record. Where possible, information on the intended disposal of electronic records should be included in the metadata when the record is created.

10.3   The storage of closed records should follow accepted standards relating to the environment, security and physical organisation of the files.

11.   RETENTION OF RECORDS

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

11.2   Regardless of type there is a requirement to keep all records for a minimum number of years. This period of time is calculated from the end of the calendar or accounting year following the last entry in the record (e.g. manual file, computer record).

11.3   The Trust has adopted the retention periods set out in the Information Governance Alliance Records Management: NHS Code of Practice. Appendix A of this policy details the retention periods for all Trust non-clinical records.

11.4   The retention schedules detailed in Appendix A outline the recommended minimum retention periods for all types of non-clinical records. The purpose an appraisal process is to ensure that the records are examined at the appropriate time to determine whether or not they are worthy of archival preservation, whether they need to be retained for a longer period as they are still in use, or whether they should be destroyed.

11.5   Where a record type is not listed the Trust's managers in conjunction with the IG Department will consider how to manage the record types by carrying out a risk assessment of the pros and cons of destroying the record or maintaining it for a prolonged period in order to decide how best to manage the record. During this risk assessment attention will be paid to other retention periods for similar record types.

11.6   Once a retention period has been decided for a record type this will be approved by Trust's Information Governance Committee and incorporated within the retention schedule detailed at Appendix A of this policy.

12.   APPRAISAL OF RECORDS

12.1   The Trust will develop procedures which document how the Trust undertakes an appraisal of its records. The appraisal process determines whether records are worthy of permanent archival preservation. The Trust would undertake this in liaison with the local approved Place of Deposit.

12.2   The Trust will have procedures for recording the disposal decisions made following appraisal. The Head of Information Governance will oversee the appraisal process for the Trust with the appropriate departmental manager(s).

13.   DISPOSAL/ARCHIVING OF RECORDS

13.1   Disposal is wider than just destruction. It can also refer to the transfer of records from one media to another (e.g., paper records to CD Rom), or the transfer of records from one organisation to another (e.g., from the Trust to an authorised archive office).

13.2   The Trust will ensure detailed procedures are developed and certificates are held when a record has either been transferred to an archive or destroyed. This will enable the Trust to demonstrate the disposal of a record. Freedom of Information legislation requires that disposal (the point in a record's lifecycle when it is either transferred to an archive or destroyed) has been undertaken in line with Trust procedures / policies.

13.3   Records selected for archival preservation and no longer in regular use by the organisation should be transferred as soon as possible to an archival institution that has adequate storage and public access facilities.

13.4   The "20 year rule" has been implemented in the NHS by the National Archives. Non-active records should be transferred no later than 20 years from creation of the record, as required by the Public Records Act 1958.

13.5   Records that are selected for permanent preservation will be appraised and transferred to the local deposit, which is Surrey History Centre.

13.6   The process of transferring records for permanent preservation will be managed by the Information Governance Department. A timeline of transfer is included in Appendix B.

13.7   Records (including copies) not selected for archival preservation and which have reached the end of their administrative life should be destroyed in as secure a manner as is appropriate to the level of confidentiality or protective markings they bear. This can be undertaken on site or via an approved contractor.

14.   DESTRUCTION OF RECORDS

14.1   The destruction of records is an irreversible act. Many Trust records contain sensitive and/or confidential information and their destruction will be undertaken in secure locations. Proof of secure destruction may be required. Destruction of all records, regardless of the media, will be conducted in a secure manner to ensure there are safeguards against accidental loss or disclosure.

14.2   The normal destruction method used by the Trust is shredding. This is undertaken on site by individual staff or by the Trust's off-site storage company. The off-site storage company is required to provide proof of destruction in the form of a certificate. A register of destruction will be maintained as an audit trail.

14.3   All removable magnetic or optical media containing patient based information must be returned to the Digital Services department for safe disposal. In addition, any IT equipment scheduled for disposal, which contains non-removable storage devices such as hard disk drives, must also be returned to the Digital Services department. The hard disk must be formatted or rendered inoperable (e.g., physically destroyed) and stored securely awaiting disposal by the same means as removable media. In order to dispose of magnetic media, a secure bonded media disposal facility must be employed, and a full audit trail of tapes and disks disposed should be maintained by the Digital Services Department.

14.4   A record of the destruction of records, showing their reference, description and date of destruction, should be maintained and preserved by the Information Asset Owner or Departmental Manager so that the organisation is aware of those records that have been destroyed and are therefore no longer available. Disposal schedules would constitute the basis of such a record.

14.5   If a record due for destruction is known to be the subject of a request for information, or potential legal action, destruction might be delayed until disclosure has taken place or, if the authority has decided not to disclose the information, until the complaint and appeal provisions of the Freedom of Information Act 2000 have been exhausted or the legal process completed.

14.6   Where a record is due for destruction and is the subject of a request for information under the Environmental Information Regulations (2004), the destruction process will be halted until the request for information has been completed, or, if the authority has decided not to disclose the information, until the complaint and appeal provisions of the Environmental Information Regulations (2004) have been exhausted.

15.   DUTIES / ORGANISATIONAL STRUCTURE

15.1.1   **Chief Executive**
The Chief Executive has overall responsibility for records management in the Trust. As Accountable Officer he is responsible for the management of the Trust and for ensuring appropriate mechanisms are in place to support service delivery and

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

15.1.2   The Chief Executive has a particular responsibility for ensuring that the Trust corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

15.2   Caldicott Guardian

The Trust's Caldicott Guardian has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. He is responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

15.3   Information Asset Owners / Local Record Managers

15.3.1   The responsibility for local records management is devolved to the Information Asset Owners. General Managers and Heads of Departments within the Trust have overall responsibility for the management of all records generated by their activities and for ensuring that records controlled within their area are managed in a way which meets the aims of the Trust's records management policies.

15.3.2   General Managers and Heads of Service are responsible for ensuring that this policy is implemented in their individual departments.

15.3.3   All Managers (at all levels) are responsible for ensuring that Trust policies and procedures are implemented in their directorates/departments, that all staff receive training appropriate to their needs and information is provided when requested to meet the requirements of legislation and NHS standards.

15.3   Head of Information Governance / Information Governance Committee

15.3.1   The Trust's Head of Information Governance / Information Governance Committee is responsible for ensuring this policy is implemented, through implementation of a Records Management Strategy, and that the records management systems and processes are developed, co-ordinated and monitored.

15.3.2   The Head of Information Governance is responsible for ensuring that practical guidance and advice on corporate records management/document control, retention and disposal of records is available.

15.4   All Staff

All Trust staff, whether clinical or administrative, who create, receive and use records have records management responsibilities. In particular, all staff must ensure that they keep appropriate records of their work in the Trust and manage those records in keeping with this policy and with any guidance subsequently produced.

16.   RAISING AWARENESS / IMPLEMENTATION / TRAINING

16.1   Staff awareness of their individual responsibilities for the maintenance and protection of records that they create, use or manage will be raised, e.g., through the Trust's induction programme, IG training, team meetings, Trust Briefings, etc.

16.2   The training needs of staff in relation to records management will be identified so that training can be updated and reinforced as necessary.

16.3   Managers will be responsible for ensuring that all their staff are aware of the Trust's standards and Non-Clinical Records Management Policy.

16.4   The Trust will provide general Non-Clinical Records Management training as part of its annual Information Governance Training.

16.5   All Trust staff will be made aware of their responsibilities for record-keeping and records management through generic and specific training programmes and guidance.

17.   MONITORING COMPLIANCE OF POLICY

17.1   The Trust will regularly audit its records management practices for compliance with this policy. The audit will:
- Identify areas of operation that are covered by this policy and identify which procedures and/or guidance should comply with the policy;
- Follow a mechanism for adapting the policy to cover missing areas if these are critical to the creation and use of records, and use a subsidiary development plan if there are major changes to be made;
- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance; and
- Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.

18.   EQUALITY IMPACT ASSESSMENT

18.1   The users of this policy will take into account their statutory duty to promote equality and human rights and to act lawfully within current equality legislation and guidance.

18.2   This policy has been equality impact assessed and has been shown to have no adverse impact on any equality group.

18.3   The Trust will continue to monitor its effect and will assess again if negative impact is identified or at the review date.

19.   REFERENCES

- Information Governance Alliance, 2016 Records Management, NHS Code of Practice (2nd Edition)
- Data Protection Act 2018
- Freedom of Information Act 2000
- The National Archives

APPENDIX A – RECORD RETENTION SCHEDULE

- The coding within the schedules denotes the status of the type of record and its retention period:
- C = a previously existing record type (i.e. referenced in the previous retention schedule dated March 2006) but a Change to the retention period
- N =a New record type (either not referenced in the previous retention schedule or a more explicit description of a record type than previously published)
- S = a previously existing record type, with the same retention period.
- Note 1 = Where an organisation has an existing relationship with an approved Place of Deposit, it should consult the Place of Deposit in the first instance. Where there is no pre-existing relationship with a Place of Deposit, organisations should consult The National Archives.
- Note 2 – Destroy Under Confidential Conditions

General Administration			
Type of Information	**Minimum Retention Period/ Retention Schedule**	**Notes**	**Final Action**
Accident Records	10 years	Relating to the following: • Accident Forms, Accident Register, Incident Forms	Note 2
Administration Papers	2 years	after the settlement of the matter to which they relate and not covered elsewhere e.g. letters, Reminders, Drafts documents, duplicates of documents known to be preserved elsewhere, indices and registers compiled for temporary purposes, routine reports, other documents that have ceased to be of value on settlement of the matter involved	Note 2
Advance letters (e.g. DH guidance)	6 years		Destroy
Annual/corporate reports	3 years		Note 1
Assembly/Parliamentary questions, MP enquiries	10 years		Note 2
Audit Records	2 years	From the date of completion of the audit. Relating to the following internal and external in any format (papers, electronic etc): • Organisational Audits, Records Audits, Systems Audits	Note 2

General Administration			
Type of Information	**Minimum Retention Period / Retention Schedule**	**Notes**	**Final Action**
Business Plans (including local delivery plans)	20 years		Destroy
Catering Forms	6 years		Note 2
Close Circuit TV Images (CCTV)	31 days	ICO's Code of Conduct	Erase permanently
Commissioning Decisions Appeal Documentation Decision Documentation	6 years	from date of decision or appeal decision	Note 2
Complaints	10 years	From completion of action. Files closed annually and kept for 10 years following closure. Relating to the following: • Correspondence, Investigation, Outcomes, Returns made to DH	Note 2
Copyright Declaration Forms	6 years	Library Service	Note 2
Data Input Forms	2 years	Where the data/information has been input into a computer system	Note 2
Diaries (office)	1 year	After the end of the calendar year to which they refer	Note 2
Exposure Monitoring Records	5 years	from the date the record was made	Note 2
Flexi Working Hours	6 months	Personal record of hours actually worked	Note 2
GMS1 Forms (registration with GP)	3 years		Note 2
Health and Safety Documentation	3 years		Note 2
History of Organisation	30 years	Relating to the following: • History of organisation or predecessors, its organisation and procedures, e.g., establishment order)	Note 1
Hospital Trust Services	10 years		Destroy
Information requests – FOI, DPA, Subject Access Request, Police statements	6 years		

General Administration				
Type of Information		**Minimum Retention Period / Retention Schedule**	**Notes**	**Final Action**
Laundry lists and receipts		2 years	from completion of audit	Note 2
Library registration forms		2 years	after registration	Destroy
Litigation		10 years	Where a legal action has commenced, keep as advised by legal representatives, relating to the following: • Complaints including accident/incident reports • Records/documents relating to any form of litigation	Note 2
Manuals		10 years	after life of the system (or superseded) to which the policies or procedures refer. Policy and procedures relating to the following: • Administrative, Clinical, Strategy	Note 1
Meetings Minutes, Papers & Agendas	Executive committees	30 years	Master copies	Note 1
	Major committees	10 years	Master copies	Note 1
	Senior committees	5 years	Master copies	Note 1
	Operational committees	2 years	Master copies	Note 1
Nominal Rolls		6 years		Note 2
Patient Advice & Liaison Service		10 years	after closure of the case	Note 2
Patient Information Leaflets		6 years	after the leaflet has been superseded	Note 1
Patients property books/registers		Old copies in the property books retained for 6 months 6 years for slips contained in medical records	after the end of the financial year in which the property was disposed of, or 6 years after the register was closed. Property handed in for safekeeping	Note 2
Patient Surveys		2 years		Note 2
Phone Message Books		2 years		Note 2
Press Cuttings		1 year		Destroy
Press Releases		7 years		Note 1

General Administration			
Type of Information	**Minimum Retention Period / Retention Schedule**	**Notes**	**Final Action**
Project files Over £100,000	6 years	Includes the following: • Termination, Abandoned projects, Deferred projects	Note 1
Project Files Less than £100,000	2 years	Termination	Note 2
Public Consultations	5 years		Note 2
Quality Assurance Records	12 years	Includes the following: • Healthcare Commission, Audit Commission, King's Fund Organisational Audit, Investors in People	Note 2
Receipts for registered and recorded mail	2 years	following end of financial year to which they relate	Note 2
Records management database	30 years	Documenting the transfer of trust records to public records archive or destruction of records	Note 1
Reports (major)	30 years		Note 1
Requisitions	18 months		Note 2
Research Ethics Committee Records	3 years	from date of decision	Note 1
Serious Incident Files	30 years		Note 1
Specifications	6 years	Equipment Services	Note 2
Statistics	3 years	from date of submission, can include the following: • Korner returns • Contract minimum data set • Statistical returns to DH • Patient activity	Destroy
Time sheets	6 months	Relating to a Group of Department eg on a ward where the timesheets are kept as a tool to manage resources/staffing levels	Note 2

Estates/Engineering			
Type of Information	**Minimum Retention Period/ Retention Schedule**	**Notes**	**Final Action**
Buildings and engineering works	30 years	Can include the following: • Major projects (abandoned or deferred) • Key records (final accounts, surveys, site plans, bills of quantities) • Town and country planning matters and all formal contract documents (executed agreements conditions of contract, specifications, documents on the appointment and conditions of engagement of private buildings and engineering consultants)	Note 1
Buildings	3 years	after occupation ceases. Papers relating to occupation of the building (but not health and safety information)	Note 2
Deeds of Title	Retain while the organisation has ownership of the building unless a Land Registry certificate has been issued, in which case the deeds should be placed in an archive.	If there is no Land Registry certificate, the deeds should pass on with the sale of the building	Note 1
Drawings – plans and buildings (architect signed not copies)	Lifetime of the building to which they relate		Note 1
Engineering works – plans and building records	Lifetime of the building to which they relate		Note 1
Equipment – records of non-fixed equipment, including specification, test records, maintenance records and logs	11 years	If the records relate to vehicles (fleet vehicles) and where the vehicle no longer exists, providing there is a record that it was scrapped, the records can be destroyed	Note 2
Inspection Reports (boilers, lifts)	Lifetime of installation	If there is any measurable risk of a liability in respect of installations beyond their operational lives, the records should be retained indefinitely	Note 1

Estates / Engineering			
Type of Information	**Minimum Retention Period/ Retention Schedule**	**Notes**	**Final Action**
Inventories of furniture, medical and surgical equipment not held on store with a minimum life of 5 years	Keep until next inventory		Note 1
Inventories of plant and permanent or fixed equipment	5 years	after date of inventory	Note 1
Land surveys/registers	30 years		Note 1
Leases – the grant of leases, licences and other rights over property	Period of the lease plus 12 years		Note 2
Maintenance contracts (routine)	6 years	from end of contract	Note 2
Manuals (operating)	Lifetime of equipment	Review if issues (eg HSE) are outstanding	Review
Medical device alerts	Retain until updated or withdrawn	(check MHRA website)	Note 2
Maps	Lifetime of the organisation		Note 1
Photographs of buildings	30 years		Note 1
Mortgage Documents	6 years after repayment	Relating to the following: • Acquisition, Transfer, Disposal	Note 1
Plans Building (as built), Building (detailed), Engineering	Lifetime of building	May have historical value	Note 1
Property acquisitions dossiers	30 years		Note 1
Property disposal dossiers	30 years		Note 1
Radioactive Waste	30 years		Note 1
Site files	Lifetime of site		Note 1
Structure Plans (organisation charts)	Lifetime of building		Note 1
Surveys – building and engineering works	Lifetime of building or installation		Note 1
Surgical Appliances Forms AP1,2,3,4	2 years	after completion of audit	Note 2

Financial			
Type of Information	**Minimum Retention Period / Retention Schedule**	**Notes**	**Final Action**
Accounts – annual (final – one set only)	30 years		Note 1
Accounts – minor records	2 years	from completion of audit. Pass books, paying-in slips, cheque counterfoils, cancelled/discharged cheques (for cheques bearing printed receipts, see Receipts), accounts of petty cash expenditure, travel and subsistence accounts, minor vouchers, duplicate receipt books, income records, laundry lists and receipts	Note 2
Accounts – working papers	3 years	from completion of audit	Note 2
Advice notes (payment)	1.5 years		Note 2
Audit records	2 years	from completion of audit Internal and external audit original documents	Note 2
Audit reports	2 years	after formal completion by statutory auditor external (including management letters, value for money reports and system/final accounts memoranda	Note 2
Bank statements	2 years	from completion of audit	Note 2
Banks Automated Clearing System (BACS) records	6 years	after year end	Note 2
Benefactions (records of)	5 years	after end of financial year in which the trust monies become finally spent or the gift in kind is accepted. In cases where the Benefaction Endowment Trust fund/capital/interest remains permanent, records should be permanently retained by the organisation	Note 2
Bills, receipts and cleared cheques	6 years		Note 2
Budgets (including working papers, reports, virements and journals)	2 years	from completion of audit	Note 2
Capital charges data	2 years	from completion of audit	Note 2
Cash sheets	6 years	after end of financial year to which they relate	Note 2

Financial			
Type of Information	**Minimum Retention Period/ Retention Schedule**	**Notes**	**Final Action**
Contracts – financial	Approval files – 15 years Approved suppliers lists – 11 years		Note 2
Contracts - Non-sealed (property) on termination Non-sealed (other) on termination	6 years	after termination of contract	Note 2
Contracts – sealed (and associated records)	Minimum of 15 years,	after which they should be reviewed	Note 1
Contractual arrangements with hospitals or other bodies outside the NHS	6 years	after end of financial year to which they relate Including papers relating to financial settlements made under the contract (e.g. waiting list initiative, private finance initiative)	Note 2
Cost accounts	3 years	after end of financial year to which they relate	Note 2
Creditor payments	3 years	after end of financial year to which they relate	Note 2
Debtors' records – cleared	2 years	from completion of audit	Note 2
Debtors' records – uncleared	6 years	from completion of audit	Note 2
Demand notes	6 years	after end of financial year to which they relate	Note 2
Estimates, including supporting calculations and statistics	3 years	after end of financial year to which they relate	Note 2
Excess fares	2 years	after end of financial year to which they relate	Note 2
Expense claims, including travel and subsistence claims, and claims and authorisations	5 years	after end of financial year to which they relate	Note 2
Fraud case files/investigations	6 years		Note 2
Fraud national proactive exercises	3 years		Note 2
Funding data	6 years	after end of financial year to which they relate	Note 2
General Medical Services payments	6 years	after year end	Note 2

Financial			
Type of Information	**Minimum Retention Period / Retention Schedule**	**Notes**	**Final Action**
Invoices	6 years	after end of financial year to which they relate	Note 2
Ledgers	6 years	after end of financial year to which they relate Including cash books, ledgers, income and expenditure journals, nominal rolls, non-exchequer funds records (patient monies)	Note 2
Non-exchequer funds records	30 years	Although technically exempt under Public Records Act, it would be appropriate to treat these records as if they were not.	Review
Patient Monies (i.e. smaller sums of donated money)	6 years		Note 2
PAYE records	6 years	after termination of employment	Note 2
Payments	6 years	after year end	Note 2
Payroll (i.e., list of staff in the pay of the organisation)	6 years	after termination of employment	Note 2
Positive predictive value performance indicators	3 years		Note 2
Private Finance Initiative	30 years		Note 1
Receipts	6 years	after end of financial year to which they relate	Note 2
Salaries (see Wages)			Note 2
Superannuation accounts	10 years		Note 2
Superannuation forms SD55(ADP) and SD55J (NHS Pensions Scheme – copies)	10 years	(original to NHS Pensions Agency)	Note 2
Superannuation registers	10 years		Note 2
Tax forms	6 years		Note 2
Transport (staff pool car documentation)	3 years	unless litigation ensues	Note 2
Trust documents without permanent relevance/not otherwise mentioned	6 years		Note 2

Trusts administered by Strategic Health Authorities (terms of)	30 years		Note 1
VAT records	6 years	after end of financial year to which they relate	Note 2
Wages/salary records	10 years	after termination of employment	Note 2

Informatics			
Type of Information	**Minimum Retention Period / Retention Schedule**	**Notes**	**Final Action**
Documentation relating to computer programmes written in-house	Lifetime of software		Note 2
Software licences	Lifetime of software		Note 2

Human Resources			
Type of Information	**Minimum Retention Period/ Retention Schedule**	**Notes**	**Final Action**
Consultants (records relating to the recruitment of)	5 years		Note 2
CVs for non-executive directors (unsuccessful applicants)	2 years		Note 2
Duty rosters i.e. organisation or departmental rosters, not the ones held on the individual's records	4 years	after the year to which they relate	Note 2
Industrial relations (not routine staff matters), including industrial tribunals	10 years		Note 2
Job advertisements	1 year		Destroy
Job applications: Successful Unsuccessful	3 years 1 year	following termination of employment	Note 2
Job descriptions	3 years		Note 2

Human Resources			
Type of Information	**Minimum Retention Period/ Retention Schedule**	**Notes**	**Final Action**
Leavers' dossiers	6 years after individual has left	Summary to be retained until individual's 70th birthday, or until 6 years after cessation of employment if aged over 70 years at the time.	Note 2 Note 1
Letters of appointment	6 years	after employment has terminated or until 70th birthday, whichever is later	Note 2
Nurse training records (from hospital-based nurse training schools prior to introduction of academic based-training)	30 years		Note 1
Timesheets (for individual members of staff)	2 years after the year to which they relate	Note: timesheets (for all individuals including locum doctors) held on the personnel records are minor records – retain for 2 years. Timesheets held elsewhere i.e. on the ward retain for 6 months (as the mater timesheet is held on the personnel file)	Note 2
Study leave applications	5 years		Note 2
Training plans	2 years		Note 2

Purchasing/Supplies			
Type of Information	**Minimum Retention Period/ Retention Schedule**	**Notes**	**Final Action**
Approval files (contracts)	6 years	after end of the year the contract expired	Note 2
Approved suppliers lists	11 years		Note 2
Delivery notes	2 years	after end of financial year to which they relate	Note 2
Products (liability)	11 years		Note 2

	Purchasing/Supplies		
Type of Information	**Minimum Retention Period / Retention Schedule**	**Notes**	**Final Action**
Stock control reports	18 months		Note 2
Stores records – major (e.g. stores ledgers)	6 years		Note 2
Stores records – minor (e.g. requisitions, issue notes, transfer vouchers, goods received books)	18 months		Note 2
Supplies records – minor (e.g. requisitions, issue notes, transfer vouchers, goods received books)	18 months		Note 2
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)	18 months		Note 2
Tenders (successful)	Tender period plus 6 year limitation period		Note 2
Tenders (unsuccessful)	6 years		Note 2

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APPENDIX B – RECORD TRANSFER TIMELINE

Following the reduced implementation of the 30-year rule to 20 years for NHS organisations, records which have reached their 20-year retention will need to be considered for permanent preservation

Year	Transferring under previous 30 year rule	Transferring under 20 year rule
2015	1985	1985 and 1986
2016	1986	1987 and 1988
2017	1987	1989 and 1990
2018	1988	1991 and 1992
2019	1989	1993 and 1994
2020	1990	1995 and 1996
2021	1991	1997 and 1998
2022	1992	1999 and 2000
2023	1993	2001 and 2002
2024	1994	2003 and 2004
2025	1995	2005