NHS
Yorkshire and the Humber

POLICY AND STRATEGY FOR THE PRODUCTION, RETENTION, PUBLICATION AND DESTRUCTION OF RECORDS

Policy Reference Information

Policy name	**Policy and Strategy for the Production, Retention, Publication and Destruction of Records**
Version	**1.0**
Status	**Draft**
Originator/Author	**Stephen Rose (Health Informatics Service)/ Associate Director – Corporate Business**
Responsible Director	**Director of Finance & Investment (SIRO)**
Approved by	
Date Issued	
Last review date	**Dec 2009**
Next review date	**Jan 2011**
Applies to	**All SHA staff (including hosted organisations/programmes)**

Document Revision Record

Version	Description of Change	Reason for Change	Author	Date

Contents **Page**

1.	**Purpose of the Document**	**3**
2.	**Introduction**	**3**
3.	**Definition of Records**	**3**
4.	**Responsibility Statement**	**3**
5.	**Policy Statement**	**4**
6.	**Strategy for delivering Quality Records Management**	**5**
7.	**Review Timetable**	**6**
8.	**Legislation and National Guidance**	**6**
9.	**Associated Documents**	**7**

Annex A

Access to Records under Data Protection Act 1998 **8**

Annex B

SHA Retention Schedule

1. Purpose of the Document

To provide a policy and strategy for the production, retention destruction and disposal of all records created by Yorkshire and the Humber Strategic Health Authority (the SHA), its predecessor organisations and its hosted organisations.

This policy provides a framework for consistent and effective records management that is based on standards and fully integrated with other key information governance areas.

2. Introduction

All NHS records are public documents under the terms of the Public Records Act 1958. The SHA has a duty under the Freedom of Information Act (FoIA) to make information available proactively and on request, subject to any applicable exemptions. The SHA also has duties under the Data Protection Act (DPA) which regulates the processing of information relating to individuals, including obtaining, holding, use or disclosure of such information.

Information is a corporate asset. The SHA's records are important sources of administrative, evidential and historical information. They are vital to the SHA to support its current and future operations, including meeting the requirements of legislation (FoIA), for the purposes of accountability and as a record of the operation of the organisation, its decisions, processes and procedures.

Good, well kept, records contribute to the efficiency and effectiveness of the SHA as they significantly reduce the amount of time spent searching for information

The SHA's records management policies and procedures enable compliance with relevant legislation.

3. Definition of Records

A record is anything that contains information in any medium (e.g. paper, CD / DVD, photographs, audio and video tapes, computer databases, minutes of meetings, letters, e-mails), which has been created or gathered as a result of any NHS activity by employees or anyone working on behalf of the NHS including consultants, agency and casual staff.

4. Responsibility Statement

The Chief Executive has overall responsibility for records management in the SHA. As Accountable Officer the Chief Executive is responsible

for the management of the organisation and for ensuring appropriate mechanisms are in place to support delivery, compliance and continuity. Records management is key to this as it will ensure appropriate, accurate information is available as required.

The lead Director for records management is the Senior Information Risk Owner (SIRO), who for the SHA is the Deputy Chief Executive/ Director of Finance and Investment.

The lead director is responsible for ensuring that the SHA meets its legal responsibilities with regard to the management of records and information, and for the adoption of internal and external governance requirements.

It is the responsibility of all staff to ensure that appropriate records are kept secure, maintained in good order, are available on request and are appropriately disposed of when no longer required by the organisation, in accordance with the SHA's Retention Schedule. Failure by any member of staff to comply with Records Management and Information Governance policies and procedures may result in action being taken under the SHA's disciplinary procedures.

The SHA's corporate lead for Records Management is Richard Thomas, Facilities Manager. Each directorate should nominate a lead to supervise records management within their business area and to organise directorate business processes to support compliance with the relevant policies and procedures. Specialist advice on the requirements of legislation and information governance is available from the Health Informatics Service Confidentiality and IM&T Service via the Service Desk at **theservicedesk@this.nhs.uk**

5. Policy Statement

To ensure that the SHA can comply with its statutory requirements and that business information is managed effectively throughout the organisation the SHA will:

- Produce and keep all documents, where possible, in electronic format

- Keep the number of documents stored to the minimum to support the organisation

- Prepare and maintain a document retention schedule in line with the Records Management - NHS Code of Practice. which can be found at:-

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747 (The SHA's Retention Schedule is attached as an appendix to this policy).

- Ensure that all staff take personal responsibility for the production, retention, publication and destruction (or disposal) of records and that they are appropriately trained to carry out this task

- Ensure that Records Management as an organisation-wide activity is appropriately resourced

- Publish documents through the Freedom of Information Act Publication Scheme on its website in accordance with its obligations under that Act

6. Strategy for delivering Quality Records Management

- All decisions of the organisation affecting both internal working and external activity will be documented

- All documents will be prepared in anticipation of immediate public scrutiny

- When new policies, strategies or procedures (for any area of work) are approved by the Board the author should ensure that they are made available on the SHA website, on the shared drive and that their existence and location is effectively communicated to all staff

- The SHA's Information Governance/IM&T Strategy Group will be responsible for ensuring that all elements of the Information Governance Toolkit relating to records management are progressed.

- Records containing personal-identifiable or other sensitive information, including anything designated as confidential, must be handled, managed and stored in accordance with the SHA's Confidentiality Policy Statement and Guidance. This applies to records (information) in any medium, including physical papers and files, on site and off site.

- The SHA has an incident reporting procedure which should be used for reporting data loss incidents, including those relating to physical files.

- The number of copies of any document will be kept to the minimum necessary for the work of the organisation.

- Individual's working files and papers should be clearly labelled, appropriately stored and culled regularly. The retention of multiple or duplicate copies of papers that are held corporately on a central file is discouraged unless there is a business justification.

- All files and documents will be deleted, destroyed or sent to an approved organisation for permanent retention once they are no longer needed or have been superseded and in line with the retention schedule. Where records have been destroyed by an approved contractor a certificate of destruction must be obtained and retained by the SHA Facilities Manager**.**

- Each Directorate will apply the SHA's retention schedule to the development of their own business and records management processes, to support compliance with the relevant policies and legislation and in conjunction with the Facilities Manager for the purposes of consistency throughout the SHA

- Guidelines and procedures which have been produced to support the maintenance of a robust filing and document management system will be maintained and regularly reviewed.

- The SHA will periodically audit its records management practices for compliance with this policy. The findings of audits will be reported to the Information Governance/IM&T Strategy Group.

- All staff will be trained to manage their records in an appropriate manner to support the overall policy.

- Should any individual wish to access their records under the Data Protection Act (Data Subject Access Request), the procedure outlined at Annex A must be followed.

7. Review Timetable

This policy will be reviewed annually

8. Legislation and National Guidance

Public Records Act 1958
Data Protection Act 1998
Freedom of Information Act 2000
Healthcare Commission Core Standard C9
Records Management - NHS Code of Practice
Connecting for Health Information Governance Toolkit

Guidance from the Office of the Lord Chancellor
Guidance from the Public Record Office

9. Associated Documents

Guidance for electronic records management (to be drafted linked to introduction of Sharepoint)
Records Management – Archiving paper files
SHA Retention Schedule (attached as an appendix to this policy)
E-mail policy
Guidance to support the effective operation of the SHA Board
Information Governance Policy
Incident Reporting Policy
Disciplinary Procedures
Confidentiality Policy Statement and Guidance

Annex A

Access to Records under Data Protection Act 1998

Any request for access to records will, in the first instance, be dealt with by the Associate Director – Corporate Business and the following procedure will be followed.

A record of who has made the request, the date that the request was received, what information is requested and the date that the request was complied with.

All requests must be in writing and the individual must sign and date to state that they request a copy of their records. If the request is being made on behalf of someone i.e. by a solicitor and the authorisation is more than 6 months old a new authorisation from the individual is to be obtained.

Before any disclosure is made the SHA must be satisfied as to the identity of the requestor. As proof of identity, two of the following must be provided, unless the individual is personally known to SHA staff:-

Utility bill, less than 3 months old. (Two separate utility bills are acceptable)
Council Tax bill
Bank or credit card statement, less than 3 months old (It is acceptable for the applicant to blank out all financial information)
Driving licence
Passport
Official documents addressed to the individual from a Government or Local Government agency i.e. Job seekers allowance

If it is not clear what part of the record is to be accessed, clarity should be sought from the individual.

The person must be the centre of the document and not just be mentioned as a passing reference for it to be classed as a subject access request.

The request must be complied with within 40 days (the Department of Health recommends 21 days), which starts from when the identity of the person making the request has been confirmed and any fee that is requested is received. Good practice is that any request should be dealt with as quickly as possible and delaying tactics should not be used for any purpose.

An acknowledgement should be sent to the person making the request; if the appropriate fee has not been received it should be requested at this point. There is a standard charge of £10.00 for all subject access requests with the exception of access to health records (where the charge maybe up to a maximum of £50.00 if it involves manual records).

The appropriate records should be sourced and if they are manual records, photocopied. Under no circumstances should the original records leave the SHA unless it is by order of a Court or some other statutory instrument.

Although not relevant to the SHA, if health records are requested, an appropriate health professional should check the records before they are released and remove anything that they feel may cause serious mental or physical harm to either the patient or another person. The health professional should also check the records for any references to a third party or anything that may identify a third party and remove it unless you have that person's explicit consent for it to remain in the record. All references to those that have been involved in the patient's healthcare must remain.

For staff records, Human Resources will follow the procedures as listed above, with the exception of information relating to physical or mental harm. The only information that maybe withheld is information that may identify another person, unless that person's consent has been obtained for its disclosure.

Yorkshire and the Humber SHA - Retention Schedule (December 2009): Annex B to the Policy and Strategy for the Production, Retention, Publication and Destruction of Records

This retention schedule details a minimum retention period for each type of non-health record. Records (whatever the media), may be retained for longer than the minimum period. However, records should not ordinarily be retained for more than 30 years. The National Archives (see Note 1 below) should be consulted where a longer period than 30 years is required, or for any pre-1948 records. Records containing personal information are subject to the Data Protection Act 1998.

The following types of record are covered by this retention schedule (regardless of the media on which they are held, including paper, electronic, images and sound):- administrative records (including personnel, estates, financial and accounting; records, and notes associated with complaint handling); photographs, slides and other images (non-clinical); microform (ie microfiche/microfilm); audio and video tapes, cassettes, CD-ROMs, etc; e-mails; computerised records; and scanned documents

The SHA's Retention Schedule is based on *Records Management NHS Code of Practice – Retention Schedule for Business and Corporate (Non-health) records, 2009*. **Entries shown in red are either new to the 2009 version of the SHA's Retention Schedule or indicate a change to the retention period.**

Key to Codes:

C = a previously existing record type (ie referenced in the previous retention schedule dated March 2006) but a **C**hange to the retention period

N =a **N**ew 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 **S**ame retention period.

Note 1: Where the 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.

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
ADMINISTRATIVE (CORPORATE AND ORGANISATION)				
Accident forms (see also Litigation dossiers)	10 years		Destroy under confidential conditions	S
Accident register (Reporting of Injuries, Diseases and Dangerous Occurrences register) – see also Incident forms	10 years	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (reg. 7); SocialSecurity (Claims and Payments) Regulations (reg. 25)	Destroy under confidential conditions	C
Advance letters (eg DH guidance)	6 years		Destroy	S
Agendas of board meetings, committees, sub-committees (master copies, including associated papers)	30 years		Public Board papers - may have archive	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			value (see note 1) or destroy Confidential Board papers and Committee papers - destroy under confidential conditions	
Agendas (other)	2 years		Destroy under confidential conditions	S
Agreements (see Contracts)				
Annual/corporate reports	3 years		See note 1	S
Parliamentary questions, MP enquiries	10 years		As these documents include all	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			information provided by the organisation in response to a PQ (e.g. background note or the Minster may amend the response) all of which may not be used in the response and therefore it will not be in the public domain on House of Commons records they must be destroyed under confidential conditions.	
Audit Records (e.g. Organisational Audits, Records Audits, Systems Audits) – Internal &	2 years from the date of completion of the audit		Destroy under confidential	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
External in any format (paper, electronic etc)			conditions	
Business plans, including local delivery plans	20 years		Destroy	S
Catering forms	6 years		Destroy under confidential conditions	S
Close circuit TV images	31 days	Information Commissioner's Code of Conduct	Erase permanently	S
Commissioning decisions Appeal documentation Decision documentation	 6 years from date of appeal decision 6 years from date of decision		Destroy under confidential conditions	S S
Complaints (See also litigation dossiers) Correspondence, investigation and outcomes Returns made to DH	 8 years from completion of action Files closed annually and kept for		Destroy under confidential conditions	C

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	6 years following closure NB: Current policy on the handling of complaints is under review and further guidance will be issued in due course			
Copyright declaration forms	6 years	Copyright, Designs and Patents Act 1988	Destroy under confidential conditions	N
Data Input Forms (where the data/information has been input to a computer system)	2 years		Destroy under confidential conditions	N
Diaries (office)	1 year after the end of the calendar year to which they refer		Destroy under confidential conditions	S
Flexi working hours (personal record of hours actually worked)	6 months		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Freedom of Information requests	3 years after full disclosure; 10 years if information is redacted or the information requested is not disclosed		Destroy under confidential conditions	S
Health and safety documentation	3 years		Destroy under confidential conditions	S
History of organisation or predecessors, its organisation and procedures (eg establishment order)	30 years		See note 1	S
Incident forms	10 years		Destroy under confidential conditions	C
Indices (records management)	Registry lists of public records marked for permanent preservation, or containing the record of management of public records – 30 years File lists and document lists where public records or their management		See note 1 Destroy under confidential conditions	S S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	are not covered – 30 years			
Litigation dossiers (complaints including accident/incident reports) Records/documents relating to any form of litigation	10 years Where a legal action has commenced, keep as advised by legal representatives		Destroy under confidential conditions	S S
Manuals – policy and procedure (administrative and clinical, strategy documents)	10 years after life of the system (or superseded) to which the policies or procedures refer		Destroy (policy documents may have archival value – see note 1)	S
Maps	Lifetime of the organisation		See note 1	S
Meetings and minutes papers of major committees and sub-committees (master copies)	30 years		See note 1	S
Meetings and minutes papers (other, including reference copies of major	2 years		Destroy under confidential	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
committees)			conditions	
Mental Health Act Administration Records	5 years NB There is no obligation to treat this type of mental health record as being part of a patient's health record. There may, however, be exceptions, such as where they are required to be kept as evidence in actual or expected litigation or where they are needed by a healthcare professional in order to provide healthcare. Each healthcare practitioner has discretion as to the information which s/he wishes to include as part of a patient record. If in any particular case a healthcare practitioner requires a document which forms part of the mental health act administration record to be included in a patient's record (because he or she regards it as relevant to the patient's healthcare), it should then be regarded as part of the patient' health	HC(91)29 (NHS) SI 2001/3869, reg.47 (Independent Sector)	Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	record			
Mortgage documents (acquisition, transfer and disposal)	6 years after repayment		See note 1	S
Nominal rolls	6 years (maximum)		Destroy under confidential conditions	S
Papers of minor or short-lived importance not covered elsewhere, eg: advertising matter covering letters reminders letters making appointments anonymous or unintelligible letters drafts duplicates of documents known to be preserved elsewhere (unless they have important minutes on them) indices and registers compiled for temporary	2 years after the settlement of the matter to which they relate		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
purposes routine reports punched cards other documents that have ceased to be of value on settlement of the matter involved				
Patient Advice & Liaison Service (PALS) records	10 years after closure of the case		Destroy under confidential conditions	N
Patient information leaflets	6 years after the leaflet has been superseded		See note 1	C
Patient Surveys (re access to services etc)	2 years		Destroy under confidential conditions	N
Phone Message Books	2 years NB Any clinical information should be transferred to the patient health record		Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Press cuttings	1 year		Destroy (where bound volumes exist, see note 1)	S
Press Releases	7 years		see note 1	N
Project files (over £100,000) on termination, including abandoned or deferred projects	6 years		See note 1	S
Project files (less than £100,000) on termination	2 years		Destroy under confidential conditions	S
Project team files (summary retained)	3 years		Destroy under confidential conditions	S
Public Consultations e.g. about future provision of services	5 years		Destroy under confidential	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			conditions	
Quality assurance records (eg Healthcare Commission, Audit Commission, King's Fund Organisational Audit, Investors in People, Department of Health)	12 years		Destroy under confidential conditions	S
Receipts for registered and recorded mail	2 years following the end of the financial year to which they relate		Destroy under confidential conditions	S
Records documenting the archiving, transfer to public records archive or destruction of records	30 years		See note 1	S
Records of custody and transfer of keys	2 years after last entry		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Reports (major)	30 years		See note 1	S
Requests for access to records, other than Freedom of Information or subject access requests	6 years after last action		Destroy under confidential conditions	S
Requisitions	18 months		Destroy under confidential conditions	S
Research ethics committee records	3 years from date of decision		See note 1	C
Serious incident files (including reports)	30 years		Destroy under confidential conditions	S
Specifications (eg equipment, services)	6 years	Limitation Act 1980	Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Statistics (including Korner returns, contract minimum data set, statistical returns to DH, patient activity)	3 years from date of submission		Destroy	S
Subject access requests (DPA and AHR) – records of requests	3 years after last action		Destroy under confidential conditions	S
Time sheets (relating to a Group or Department where the timesheets are kept as a tool to manage resources, staffing levels)	6 months		Destroy under confidential conditions	N
ESTATES/ENGINEERING				
Buildings and engineering works, including major projects abandoned or deferred – key records (e.g. final accounts, surveys, site plans, bills of quantities)	30 years		See note 1	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Buildings and engineering works, including 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, documents on the appointment and conditions of engagement of private buildings and engineering consultants)	30 years		See note 1	S
Buildings – papers relating to occupation of the building (but not health and safety information)	3 years after occupation ceases	Construction Design Management Regulations 1994	Destroy under confidential conditions	S
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,		See note 1	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	the deeds should pass on with the sale of the building			
Drawings – plans and buildings (architect signed, not copies)	Lifetime of the building to which they relate		See note 1	S
Engineering works – plans and building records	Lifetime of the building to which they relate		See note 1	S
Equipment – records of non-fixed equipment, including specification, test records, maintenance records and logs	11 years If the records relate to vehicles (ambulances, responder cars, fleet vehicles etc) and where the vehicle no longer exists, providing there is a record that it was scrapped, the records can be destroyed	Consumer Protection Act 1987	Destroy under confidential conditions	N
Inspection reports (e.g. boilers, lifts)	Lifetime of installation If there is any measurable risk of a liability in respect of installations beyond their operational lives, the		See note 1	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	records should be retained indefinitely			
Inventories of furniture and equipment with a minimum life of 5 years	Keep until next inventory		See note 1	C
Inventories of plant and permanent or fixed equipment	5 years after date of inventory		See note 1	S
Land surveys/registers	30 years		See note 1	S
Leases – the grant of leases, licences and other rights over property	Period of the lease plus 12 years	Limitation Act 1980	Destroy under confidential conditions	S
Maintenance contracts (routine)	6 years from end of contract		Destroy under confidential conditions	S
Manuals (operating)	Lifetime of equipment		Review if issues	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			(eg HSE) are outstanding	
Photographs of buildings	30 years		See note 1	S
Plans – building (as built)	Lifetime of building		May have historical value – see note 1	S
Plans – building (detailed)	Lifetime of building		May have historical value (see note 1)	S
Plans – engineering	Lifetime of building		See note 1	S
Property acquisitions dossiers	30 years		See note 1	S
Property disposal dossiers	30 years		See note 1	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Site files	Lifetime of site		See note 1	S
Structure plans (organisational charts) i.e. the structure of the building plans	Lifetime of building		See note 1	C
Surveys – building and engineering works	Lifetime of building or installation		See note 1	S
FINANCIAL				
Accounts – annual (final – one set only)	30 years		See note 1	S
Accounts – minor records (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,	2 years from completion of audit		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
laundry lists and receipts)				
Accounts – working papers	3 years from completion of audit		Destroy under confidential conditions	S
Advice notes (payment)	1.5 years		Destroy under confidential conditions	S
Audit records (internal and external audit) – original documents	2 years from completion of audit		Destroy under confidential conditions	N
Audit reports – internal and external (including management letters, value for money reports and system/final accounts memoranda)	2 years after formal completion by statutory auditor		Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Bank statements	2 years from completion of audit		Destroy under confidential conditions	S
Banks Automated Clearing System (BACS) records	6 years after year end		Destroy under confidential conditions	S
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		See note 1	S
Bills, receipts and cleared cheques	6 years		Destroy under confidential conditions	S
Budgets (including working papers, reports, virements and journals)	2 years from completion of audit		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Capital charges data	2 years from completion of audit		Destroy under confidential conditions	S
Capital paid invoices (see Invoices)				
Cash books	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Cash sheets	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Contracts – financial	Approval files – 15 years Approved suppliers lists – 11 years		Destroy under confidential conditions	C
Contracts – non-sealed (property) on termination	6 years after termination of contract	Limitation Act 1980	Destroy under confidential	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			conditions	
Contracts – non-sealed (other) on termination	6 years after termination of contract	LimitationAct 1980	Destroy under confidential conditions	S
Contracts – sealed (and associated records)	Minimum of 15 years, after which they should be reviewed		See note 1	S
Contractual arrangements with hospitals or other bodies outside the NHS, including papers relating to financial settlements made under the contract (eg waiting list initiative, private finance initiative)	6 years after end of financial year to which they relate		Destroy under confidential conditions	S
Cost accounts	3 years after end of financial year to which they relate		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Creditor payments	3 years after end of financial year to which they relate		Destroy under confidential conditions	S
Debtors' records – cleared	2 years from completion of audit		Destroy under confidential conditions	S
Debtors' records – uncleared	6 years from completion of audit		Destroy under confidential conditions	S
Demand notes	6 years after end of financial year to which they relate		Destroy under confidential conditions	S
Estimates, including supporting calculations and statistics	3 years after end of financial year to which they relate		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Excess fares	2 years after end of financial year to which they relate		Destroy under confidential conditions	S
Expense claims, including travel and subsistence claims, and claims and authorisations	5 years after end of financial year to which they relate		Destroy under confidential conditions	S
Fraud case files/investigations	6 years		Destroy under confidential conditions	S
Fraud national proactive exercises	3 years		Destroy under confidential conditions	S
Funding data	6 years after end of financial year to which they relate		Destroy under confidential	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			conditions	
Invoices	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Ledgers, including cash books, ledgers, income and expenditure journals, nominal rolls, non-exchequer funds records (patient monies)	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Non-exchequer funds records (i.e. funding received by the organisation that does not directly relate to patient care eg charitable funds)	30 years Company charities are required by company law to keep their accounts and accounting records for at least three years but the Charity Commission recommends that they be kept for at least 6 years. The majority of non-company charities must keep their accounts and accounting records for six years (Part VI Charities Act		Although technically exempt from the Public Records Act, it would be appropriate for authorities to treat these records as if they were not exempt	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
	1993).			
PAYE records	6 years after termination of employment		Destroy under confidential conditions	S
Payments	6 years after year end		Destroy under confidential conditions	S
Payroll (i.e. list of staff in the pay of the organisation)	6 years after termination of employment		Destroy under confidential conditions For superannuation purposes, organisations may wish to retain such records until the subject reaches benefit age	S
Positive predictive value performance	3 years		Destroy under	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
indicators			confidential conditions	
Private Finance Initiative (PFI)	30 years		See note 1	S
Receipts	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Salaries (see Wages)				
Superannuation accounts	10 years		Destroy under confidential conditions	S
Superannuation registers	10 years		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Tax forms	6 years		Destroy under confidential conditions	S
SHA documents without permanent relevance/not otherwise mentioned	6 years		Destroy under confidential conditions	S
Trusts administered by Strategic Health Authorities (terms of)	30 years		See note 1	S
VAT records	6 years after end of financial year to which they relate		Destroy under confidential conditions	S
Wages/salary records	10 years after termination of employment		Destroy under confidential conditions For	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
			superannuation purposes, organisations may wish to retain such records until the subject reaches benefit age.	
IM & T				
Documentation relating to computer programmes written in-house	Lifetime of software		Destroy under confidential conditions	S
Software licences	Lifetime of software		Destroy under confidential conditions	S
OTHER				

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Chaplaincy records	2 years		May have archival value – see note 1	S
Research and development (organisation) i.e. all the organisation's records associated with research and development and not individual trial records or information on patients.	30 years	Medical Research Council	See note 1	N
PERSONNEL/HUMAN RESOURCES				
NB Agency staff records should be treated as personnel records and retained accordingly.				
Consultants (records relating to the recruitment of)	5 years	NHS (Appointment of Consultants) Regulations, good practice guidelines, page 11, para. 5.3 http://www.dh.gov.uk/assetRoot/04/10/27/ 50/04102750.pdf	Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
CVs for non-executive directors (successful applicants)	5 years following term of office		Destroy under confidential conditions	S
CVs for non-executive directors (unsuccessful applicants)	2 years		Destroy under confidential conditions	S
Industrial relations (not routine staff matters), including industrial tribunals	10 years		Destroy under confidential conditions	S
Job advertisements	1 year		Destroy	S
Job applications (successful)	3 years following termination of employment		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Job applications (unsuccessful)	1 year		Destroy under confidential conditions	S
Job descriptions	3 years		Destroy under confidential conditions	S
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. The summary should contain everything except attendance books, annual leave records, duty rosters, clock cards, timesheets, study leave applications, training plans	The 6 year retention period is to take into account any ET claims, or EL claims that may arise after the employee leaves NHS employment, requests for information from the NHS pensions agency etc. Claims of this nature can include periods of up to 6 years or more prior to the claim and where evidence could be needed from a number of sources, it is appropriate to retain as much as possible from the	Destroy under confidential conditions See note 1	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
		original file.		
Letters of appointment	6 years after employment has terminated or until 70th birthday, whichever is later		Destroy under confidential conditions	S
Nurse training records (from hospital-based nurse training schools prior to the introduction of academic-based training)	30 years		See note 1	N
Pension Forms (all)	7 years	HMRC Technical Pension Notes for registered pension schemes under regulation 18 of SI2006/567 – 'RPSM12300020 – Scheme Adminstrator Information Requirements and Adminstration for General Retention of Records'	Destroy under confidential conditions	**N**

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Personnel/human resources records –major (eg personal files, letters of appointment, contracts, references and related correspondence, registration authority forms, training records, equal opportunity monitoring forms (if retained)) NB Includes locum doctors	6 years after individual leaves service, at which time a summary of the file must be kept until the individual's 70th birthday 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. The summary should contain everything except attendance books, annual leave records, duty rosters, clock cards, timesheets, study leave applications, training plans	The 6 year retention period is to take into account any ET claims, or EL claims that may arise after the employee leaves NHS employment, requests for information from the NHS pensions agency etc. Claims of this nature can include periods of up to 6 years or more prior to the claim and where evidence could be needed from a number of sources, it is appropriate to retain as much as possible from the original file.	See note 1	N
Personnel/human resources records – minor (eg attendance books, annual leave records, duty rosters (i.e. duty rosters held on the individual's record not the organisation or departmental rosters), clock cards, timesheets (relating to individual staff members))	2 years after the year to which they relate		Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
NB Includes locum doctors				
Staff car parking permits	3 years		Destroy under confidential conditions	S
Study leave applications	5 years		Destroy under confidential conditions	S
Timesheets (for individual members of staff)	2 years after the year to which they relate NB Timesheets (for all individuals including locum doctors) held on the personnel record are minor records – retain for 2 years. Timesheets held elsewhere – i.e. on the ward retain for 6 months (as the master timesheet is held on the personnel file)		Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Training plans	2 years		Destroy under confidential conditions	S
PURCHASING/SUPPLIES				
Approval files (contracts)	6 years after end of the year the contract expired		Destroy under confidential conditions	S
Approved suppliers lists	11 years	Consumer Protection Act 1987	Destroy under confidential conditions	S
Delivery notes	2 years after end of financial year to which they relate		Destroy under confidential conditions	S
Products (liability)	11 years	Consumer Protection Act	Destroy under	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
		1987	confidential conditions	
Stock control reports	18 months		Destroy under confidential conditions	S
Stores records – major (e.g. stores ledgers)	6 years		Destroy under confidential conditions	S
Stores records – minor (eg requisitions, issue notes, transfer vouchers, goods received books)	18 months		Destroy under confidential conditions	S
Supplies records – minor (eg invitations to tender and inadmissible tenders, routine papers relating to catering and demands for furniture, equipment, stationery and other supplies)	18 months		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Tenders (successful)	Tender period plus 6 year limitation period	Limitation Act 1980	Destroy under confidential conditions	S
Tenders (unsuccessful)	6 years	Limitation Act 1980	Destroy under confidential conditions	S