NHS East Lancashire Hospitals NHS Trust	
	TRUST WIDE DOCUMENT

Delete as appropriate	**Policy**
DOCUMENT TITLE:	**Records Management Lifecycle Policy (Corporate Records)**
DOCUMENT NUMBER:	**C080 Version 1.7**
DOCUMENT REPLACES Which Version	**Version 1.6**
LEAD EXECUTIVE DIRECTOR DGM	Senior Information Risk Owner (SIRO)
AUTHOR(S):Note should <u>not</u> include names	Head of Information Governance and Data Protection

TARGET AUDIENCE:	All Trust Personnel
DOCUMENT PURPOSE:	This policy defines a structure for the East Lancashire's Hospitals NHS Trust to ensure adequate <u>corporate</u> records are maintained and they are managed and controlled effectively and at best value, commensurate with legal, operational and information needs
To be read in conjunction with (identify which internal documents)	

SUPPORTING REFERENCES	• Data Security & Protection Toolkit • Clinical Records Policy • Information Governance Policy • Information Security Policy • Confidentiality Code of Practise • Confidentiality of Personal Information Policy • Data Protection Act • Freedom of Information act 2000 • FOI Policy • IG Alliance/NHS Digital Records Management Code of Practise for Health and Social Care 2016

CONSULTATION		
	Committee/Group	**Date**
Consultation	Information Governance Steering Group	11/6/19
Approval Committee	Information Governance Steering Group	11/6/19
Ratification date at Policy Council:	May 2019	
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AMENDMENTS:	Change to author's job title. Review date extended. Update to Data Protection Act – page 4 Responsible departmental amendments – page 6	

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DOCUMENT AND RECORDS LIFE CYCLE MANAGEMENT POLICY

1. Introduction

The East Lancashire Hospitals NHS Trust is dependent on its records to operate efficiently and account for its actions. This policy defines a structure for the East Lancashire Hospital NHS Trust to ensure adequate records are maintained and they are managed and controlled Effectively and a best value, commensurate with legal, operation and information needs

2. Policy Statement

"East Lancashire Hospitals NHS Trust is committed to a systematic and planned approach to the Management of Documents and Records within the organisation, from their creation to their ultimate disposal or permanent archive. This will ensure that the Trust can manage both the quality and quantity of the information that it generates; it can maintain that information in an effective manner; and it can dispose of the information efficiently when it is no longer required".

3. Background

Our organisation's records are our corporate memory, providing evidence of actions and decisions and representing a vital asset to support our daily functions and operations. They support policy formation and managerial decision-making, protect the interests of East Lancashire Hospitals NHS Trust and the rights of patients, staff and members of the public who have dealings with the Trust. They support consistency, continuity and efficiency and productivity and help us deliver our services in consistent and equitable ways.

Records management, through the proper control of the content, storage and volume of records, reduces vulnerability to legal challenge or financial loss and promotes best value in terms of human and space resources through greater coordination of information and storage systems.

All NHS records are Public Records under the Public Records Acts and must be kept in accordance with following statutory and NHS guidelines:

- Public Records Acts 1958 and 1967
- Data Protection Act 2018
- Freedom of Information Act 2000
- HSC 1999/053 For the Record
- Controls Assurance records management standard, since 1999
- Caldicott Review of Patient Identifiable information, 1997
- Audit Commission, Setting the Record Straight, 1995
- IG Alliance/NHS Digital, Records Management Code of Practice for Health & Social Care 2016

4. General Data Protection Regulations (GDPR)Scope

This policy relates to all operational documents and records that are not covered by the Clinical records policy. Operational records are defined as information, created or received in the course of business, and captured in any form in any medium, providing evidence of the functions, activities and transactions. They include:

- Administrative records (including personnel, estates, financial and accounting records,

contract records, litigation and records associated with complaint-handling)
- Photographs, slides, and other images
- Microform (i.e. fiche/film)
- Audio and video tapes, cassettes
- Records in all electronic formats

They do not include copies of documents created by other organisations such as the Department of Health, kept for reference and information only.

All documents and records created in the course of the business of East Lancashire Hospitals NHS Trust are corporate records and are public records under the terms of the Public Records Acts 1958 and 1967. This includes email messages and other electronic records.

5. Objectives
The seven main objectives of this policy are:

- **Accountability** – that adequate records are maintained to account fully and transparently for all actions and decisions in particular:
- To protect legal and other rights of staff or those affected by those actions o To facilitate audit or examination
- To provide credible and authoritative evidence

- **Quality** – that records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed

- **Accessibility** – that records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation

- **Security** – that records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required

- **Retention and disposal** – that there are consistent and documented retention and disposal procedures to include provision for permanent reservation of archival records

- **Training** – that all staff are made aware of their record-keeping responsibilities through generic and specific training programmes and guidance

- **Performance measurement** – that the application of records management procedures are regularly monitored against agreed indicators and action taken to improve standards as necessary

6. Implementation
This policy will be implemented by a series of programmes to include;

Records creation
- Creation of adequate records to document essential activities;
- Structured information (content management, version control) to facilitate shared systems based on functional requirements;
- Referencing and classification for effective retrieval of accurate information;

Documented guidelines on creation Records maintenance
- Assignment of responsibilities to protect records from loss or damage over time;
- Access controls to prevent unauthorised access or alteration of records;
- **Defined security levels for access to electronic records and procedures to amend access authorisations as appropriate when staff move**
- Tracking systems to control movement/audit use of records;
- Identification and safeguarding key or vital records;
- Arrangements for business continuity;
- Training and guidance

Record Storage
Systematic retention schedules and procedures for consistent and timely disposal; Central storage systems for records requiring long-term retention to include electronic archiving systems;

Record Sharing – For Clinical Records See policy (C013)
Requests for information under the Freedom of Information act (FOI) are coordinated by the Information Governance Department. All documents apart from clinical and staff records may be disclosable under the FOI. The Information Governance Department will arrange for appropriate review of documentation provided following a request for information to see if exemptions apply prior to disclosure.

Records Disposal – For Clinical Records See policy (C013)
Records will be categorised according to the classification system in appendix A, unless otherwise agreed by the Trust, retention of all documentation will be in line with the IG Alliance/NHS Digital, Records Management Code of Practice for Health and Social Care 2016.

Training and guidance
Inclusion of records management functions in job processes where appropriate;
Generic and specific guidance on record-keeping standards and procedures; Training programmes.

7. Performance measurement
Development of effective indicators and review systems to improve records management standards

Responsibilities
a)   The **Chief Executive** as Accountable Officer has overall responsibility for ensuring that records are managed responsibly within the Trust.

b)   The Director with lead responsibility for records management across the Trust is the

Senior Information Risk Owner (SIRO). For ELHT this is the Director of Finance. The

SIRO implements and leads the Information Governance risk assessment and

management processes in the organisation and advises the Board on the effectiveness

of information risk management. The SIRO's responsibilities can be summarised as:

- Leading and fostering a culture that values, protects and uses information for the

   success of the organisation and benefit of its customers

- Owning the organisation's overall information risk policy and risk assessment

   processes and ensuring they are implemented consistently by the Trust Information

   Asset Owners (IAOs).

- Advising the Chief Executive or relevant accounting officer on the information risk aspects of his/her statement on internal controls
- Owning the organisation's information incident management framework

c) **Information Asset Owners (IAOs**) within divisions, directorates and departments have overall responsibility for local information/ records management as devolved to them by the Trust SIRO. As IAOs they have to ensure that the information assets controlled within their operational area/unit are managed in a way which meets the aims of this policy and associated policies and procedures. IAOs have to :

- Conduct regular audits to identify risks in the creation, retention, storage, use, access, transfer and disposal of the information assets they control;
- Identify and safeguard all records which are integral to the continuing functioning of the activities of their area of control and Trust;
- Review records management process for information assets they control. From creation through to permanent preservation or destruction;
- Provide annual written assurance to the SIRO that they are adhering to the requirements of this policy;
- Accept responsibility for the security and safekeeping of information assets that fall within their remit and are accountable to the SIRO for these;
- Carry out their responsibilities as IAOs;
- Identify and arrange training needs for themselves and their staff on information management;
- Maintain and update the Information Asset Register for their area of control.

d) **Information Asset Administrators (IAAs**) are the operational staff responsible for the day to day control and use of one or more information assets. In particular they:

- Must ensure that policies and procedures are followed;
- Recognise, mitigate and report actual information security breaches
- Consult with the appropriate IAOs on incident management; and
- Ensure that Information Asset Registers are up-to date and accurate

e) The **Company Secretary** is responsible for co-ordinating corporate records management in the organisation and identifying key corporate records and providing guidance and advice on their management and retention.

f) Records management responsibilities will be written into all accountable individual's job descriptions and clear procedures for retention of key records issued.

g) It is the responsibility of **all staff** to 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 by the Trust.

h) **Caldicott Guardian** has a particular responsibility for reflecting patient's interests regarding the use and safeguarding of patient identifiable data and is responsible for ensuring patient identifiable information is shred appropriately and securely.

Appendix A – IG Alliance/NHS Digital Records Management Code of Practise for Health and Social Care 2016

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Corporate Governance				
Board Meetings	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	
Board Meetings (Closed Boards)	Creation	May retain for 20 years	Transfer to a Place of Deposit	Although they may contain confidential or sensitive material they are still a public record and must be transferred at 20 years with any FOI exemptions noted or duty of confidence indicated.
Chief Executive records	Creation	May retain for 20 years	Transfer to a Place of Deposit	This may include emails and correspondence where they are not already included in the board papers and they are considered to be of archival interest.
Committees Listed in the Scheme of Delegation or that report into the Board and major projects	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	
Committees/ Groups / Sub-committees not listed in the scheme of delegation	Creation	6 Years	Review and if no longer needed destroy	Includes minor meetings/projects and departmental business meetings

Destruction Certificates or Electronic Metadata destruction stub or record of information held on destroyed physical media	Destruction of record or information	20 Years	Consider Transfer to a Place of Deposit and if no longer needed to destroy	The Public Records Act 1958 limits the holding of records to 20 years unless there is an instrument issued by the Minister with responsibility for administering the Act. If records are not excluded by such an instrument they must either be transferred to a Place of Deposit as a public record or destroyed 20 years after the record has been closed.
Incidents (serious)	Date of incident	20 Years	Review and consider transfer to a Place of Deposit	
Incidents (not serious)	Date of incident	10 Years	Review and if no longer needed destroy	
Non-Clinical Quality Assurance Records	End of year to which the assuranc e relates	12 years	Review and if no longer needed destroy	
Patient Advice and Liaison Service (PALS) records	Close of financial year	10 years	Review and if no longer needed destroy	
Policies, strategies and operating procedures including business plans	Creation	Life of organisa-tion plus 6 years	Review and consider transfer to a Place of Deposit	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Communications				
Intranet site	Creation	6 years	Review and consider transfer to a Place of Deposit	
Patient information leaflets	End of use	6 years	Review and consider transfer to a Place of Deposit	
Press releases and important internal communications	Release Date	6 years	Review and consider transfer to a Place of Deposit	Press releases may form a significant part of the public record of an organisation which may need to be retained
Public consultations	End of consultation	5 years	Review and consider transfer to a Place of Deposit	
Website	Creation	6 years	Review and consider transfer to a Place of Deposit	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Staff Records & Occupational Health Although pension information is routinely retained until 100th birthday by the NHS Pensions Agency employers must retain a portion of the staff record until the 75th birthday.				
Duty Roster	Close of financial year	6 years	Review and if no longer needed destroy	
Exposure Monitoring information	Monitoring ceases	40 years/5 years from the date of the last entry made in it	Review and if no longer needed destroy	A) Where the record is representative of the personal exposures of identifiable employees, for at least 40 years or B) In any other case, for at least 5 years.
Occupational Health Reports	Staff member leaves	Keep until 75th birthday or 6 years after the staff member leaves whichever is sooner	Review and if no longer needed destroy	
Occupational Health Report of Staff member under health surveillance	Staff member leaves	Keep until 75th birthday	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Occupational Health Report of Staff member under health surveillance where they have been subject to radiation doses	Staff member leaves	50 years from the date of the last entry or until 75th birthday, whichever is longer	Review and if no longer needed destroy	
Staff Record	Staff member leaves	Keep until 75th birthday (see Notes)	Create Staff Record Summary then review or destroy the main file	This includes (but is not limited to) evidence of right to work, security checks and recruitment documentation for the successful candidate including job adverts and application forms. May be destroyed 6 years after the staff member leaves or the 75th birthday, whichever is sooner, if a summary has been made.
Staff Record Summary	6 years after the staff member leaves	75th Birthday	Place of Deposit should be offered for continued retention or Destroy	Please see the good practice box Staff Record Summary used by an organisation.
Timesheets (original record)	Creation	2 years	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Staff Training records	Creation	See Notes	Review and consider transfer to a Place of Deposit	Records of significant training must be kept until 75th birthday or 6 years after the staff member leaves. It can be difficult to categorise staff training records as significant as this can depend upon the staff member's role. The IGA recommends: • **Clinical training records** - to be retained until 75th birthday or six years after the staff member leaves, whichever is the longer • **Statutory and mandatory training records** - to be kept for ten years after training completed • **Other training records -** keep for six years after training completed.

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Procurement				
Contracts sealed or unsealed	End of contract	6 years	Review and if no longer needed destroy	
Contracts - financial approval files	End of contract	15 years	Review and if no longer needed destroy	
Contracts - financial approved suppliers documentation	When supplier finishes work	11 years	Review and if no longer needed destroy	
Tenders (successful)	End of contract	6 years	Review and if no longer needed destroy	
Tenders (unsuccessful)	Award of tender	6 years	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Estates				
Building plans and records of major building work	Completion of work	Lifetime of the building or disposal of asset plus six years	Review and consider transfer to a Place of Deposit	Building plans and records of works are potentially of historical interest and where possible be kept and transferred to a place of deposit
CCTV		See ICO Code of Practice	Review and if no longer needed destroy	ICO Code of Practice: https://ico.org.uk/media/for-organisations/documents/1542/cctv-code-of-practice.pdf The length of retention must be determined by the purpose for which the CCTV has been deployed. The recorded images will only be retained long enough for any incident to come to light (e.g. for a theft to be noticed) and the incident to be investigated.
Equipment monitoring and testing and maintenance work where asbestos is a factor	Completion of monitoring or test	40 years	Review and if no longer needed destroy	
Equipment monitoring and testing and maintenance work	Completion of monitoring or test	10 years	Review and if no longer needed destroy	
Inspection reports	End of lifetime of installation	Lifetime of installation	Review	
Leases	Termination of lease	12 years	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Minor building works	Completion of work	retain for 6 years	Review and if no longer needed destroy	
Photographic collections of service locations and events and activities	Close of collection	Retain for not more than 20 years	Consider transfer to a place of deposit	The main reason for maintaining photographic collections is for historical legacy of the running and operation of an organisation. However, photographs may have subsidiary uses for legal enquiries.
Radioactive Waste	Creation	30 years	Review and if no longer needed destroy	
Sterilix Endoscopic Disinfector Daily Water Cycle Test, Purge Test, Ninhydrin Test	Date of test	11 years	Review and if no longer needed destroy	
Surveys	End of lifetime of installation or building	Lifetime of installation or building	Review and consider transfer to Place of Deposit	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Finance				
Accounts	Close of financial year	3 years	Review and if no longer needed destroy	Includes all associated documentation and records for the purpose of audit as agreed by auditors
Benefactions	End of financial year	8 years	Review and consider transfer to Place of Deposit	These may already be in the financial accounts and may be captured in other records/reports or committee papers. For benefactions, endowment, trust fund/legacies, offer to a Place of Deposit.
Debtor records cleared	Close of financial year	2 years	Review and if no longer needed destroy	
Debtor records not cleared	Close of financial year	6 years	Review and if no longer needed destroy	
Donations	Close of financial year	6 years	Review and if no longer needed destroy	
Expenses	Close of financial year	6 years	Review and if no longer needed destroy	
Final annual accounts report	Creation	Before 20 years	Transfer to place of deposit if not transferred with the board papers	Should be transferred to a place of deposit as soon as practically possible

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Financial records of transactions	End of financial year	6 Years	Review and if no longer needed destroy	
Petty cash	End of financial year	2 Years	Review and if no longer needed destroy	
Private Finance initiative (PFI) files	End of PFI	Lifetime of PFI	Review and consider transfer to Place of Deposit	
Salaries paid to staff	Close of financial year	10 Years	Review and if no longer needed destroy	
Superannuation records	Close of financial year	10 Years	Review and if no longer needed destroy	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Legal, Complaints & Information Rights				
Complaints case file	Closure of incident (see Notes)	10 years	Review and if no longer needed destroy	http://www.nationalarchives.gov.uk/documents/information-management/sched_complaints.pdf

The incident is not closed until all subsequent processes have ceased including litigation. The file must not be kept on the patient file. A separate file must always be maintained. |
Fraud case files	Case closure	6 years	Review and if no longer needed destroy	
Freedom of Information (FOI) requests and responses and any associated correspondence	Closure of FOI request	3 years	Review and if no longer needed destroy	Where redactions have been made it is important to keep a copy of the redacted disclosed documents or if not practical to keep a summary of the redactions.
FOI requests where there has been a subsequent appeal	Closure of appeal	6 years	Review and if no longer needed destroy	
Industrial relations including tribunal case records	Close of financial year	10 Years	Review and consider transfer to a Place of Deposit	Some organisations may record these as part of the staff record but in most cases they will form a distinct separate record either held by the staff member/manager or by the payroll team for processing.
Litigation records	Closure of case	10 years	Review and consider transfer to a Place of Deposit	

Record Type	Retention start	Retention period	Action at end of retention period	Notes
Patents / trademarks / copyright / intellectual property-	End of lifetime of patent or termination of licence/ action	Lifetime of patent or 6 years from end of licence/ action	Review and consider transfer to Place of Deposit	
Software licences	End of lifetime of software	Lifetime of software	Review and if no longer needed destroy	
Subject Access Request (SAR) and disclosure correspondence	Closure of SAR	3 Years	Review and if no longer needed destroy	
Subject Access Request where there has been a subsequent appeal	Closure of appeal	6 Years	Review and if no longer needed destroy	