

Meeting of Governing Body

Date: Tuesday 6th August 2019

Time: 1.30pm

Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

Agenda item: 9.2

Records Management Policy

Report Author: Laura Davey, Corporate Manager

Report Sponsor: Sarah Truelove, Chief Financial Officer

1. Purpose

This paper presents to the Governing Body the Records Management Policy for approval.

2. Recommendations

The Governing Body is asked to approve the:

- Records Management Policy

3. Background

This policy provides a framework which enables BNSSG CCG to set out its records management arrangements for both its digital and paper records. This policy ensures that BNSSG CCG is able to comply with the legal and professional obligations set out for records management.

4. Records Management Policy

This policy has had two minor amendments as shown below please note the red text is the new proposed text to be included in the policy, black text remains unchanged and text with a strikethrough is proposed to be removed.

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Be aware when redacting Microsoft Word documents electronically by using the black highlight text tool as this process is reversible. A Microsoft Word file converted into PDF can be easily read merely by copying it from PDF back into Word. **Electronic methods of redaction can be considered as best practice when used correctly.** Other methods of best practice for redaction include cover up tape, specific blacking pen or scalpel.

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Details of the destruction of these records must be entered on the Retention and Disposal Schedule and a copy ~~kept in the department and a copy sent to the Complaints and Freedom of Information manager~~ **will also be kept by the Corporate Manager.**

The reference to Senior Managers under Section 3, Duties and Responsibilities, has been removed and the detail included in the more appropriate and already existing heading of Information Asset Owners.

Also under the Section 3, Duties and Responsibilities heading a sentence has been added to note that where the CCG has contracts in place with other organisations, it will through the NHS Standard Contract, ensure a requirement for correct governance processes to be in place for the management and disposal of records.

The implementation plan shown at Appendix 5 has also been updated.

5. Financial resource implications

Failure to comply with the legal and professional obligations and regulations could result in reputational damage to BNSSG CCG and carries financial penalties of up to £500,000 imposed by the Information Commissioner.

6. Legal implications

The Records Management Policy is drafted to give effect to the legislative requirements placed on the CCG. Failure to adhere to the legislation may result in a breach of the CCG's legal obligations

7. Risk implications

The Records Management Policy is drafted to mitigate the risks arising from potential breaches of legal duties and obligations.

8. Implications for health inequalities

There are no implications for health inequalities arising from the policies in this paper

9. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

There are no implications for equalities arising from the policies in this paper

10. Consultation and Communication including Public Involvement

The Records Management Policy enables the CCG to be compliant with relevant legislation; members of the public have not been involved in their development.

11. Appendices

Appendix 1 - Records Management Policy

Glossary of terms and abbreviations

None.

Records Management Policy



Please complete the table below: <i>To be added by corporate team once policy approved and before placing on website</i>	
Policy ref no:	7
Responsible Executive Director:	Sarah Truelove
Author and Job Title:	Sarah Carr, Corporate Secretary Laura Davey, Corporate Manager
Date Approved:	3 July 2019
Approved by:	<i>Governing Body</i>
Date of next review:	July 2021

	Yes/No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	Yes	EIA Screening has been completed which indicates that a full assessment is not required
Has the review taken account of latest Guidance/Legislation?	Yes	The policy is compliant with the Data Protection Act 2018. The Freedom of Information Act 2000 and the GDPR regulation 2018
Has legal advice been sought?	No	Specialist advice has been provided by the CSU IG service
Has HR been consulted?	Yes	there are no HR issues
Have training issues been addressed?	Yes	Training is detailed in the policy
Are there other HR related issues that need to be considered?	No	there are no HR issues raised by the policy
Has the policy been reviewed by JCC?	No	as there are no HR issues the policy has not been reviewed by the JCC
Are there financial issues and have they been addressed?	No	There are no financial issues. Archive budget is including in corporate costs
What engagement has there been with patients/members of the public in preparing this policy?	N/A	This policy describes a statutory responsibility and there has been no engagement with patients/members of the public beyond that undertaken by government as part of the legislative process
Are there linked policies and procedures?	Yes	Associated policies and procedures are recorded in the policy
Has the lead Executive Director approved the policy?	Yes	Executive Director chairs Policy Review Group
Which Committees have assured the policy?	Yes	Policy Review Group, Governing Body

Has an implementation plan been provided?	Yes	
How will the policy be shared with: <ul style="list-style-type: none">• Staff?• Patients?• Public?	Yes	The policy will be published on the CCG website and intranet, and will be featured in the internal news communication.
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	

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Records Management Policy

1. Introduction

NHS Bristol, North Somerset and South Gloucestershire CCG (BNSSG CCG) is committed to a systematic and planned approach to the management of its records, throughout their life cycle from creation to through to their ultimate disposal. This approach is in line with the “Records Management Code of Practice for Health and Social care 2016” published by the Information Governance Alliance on behalf of the Department of Health. The code of practice is a guide to the required standards of practice in the management of records and is relevant to all organisations who work within or under contact to NHS organisations in England. It is based on current legal requirements and professional best practice. Adoption of this approach by the organisation and its staff supports the CCG’s values including the commitment to do the right thing.

2. Purpose and scope

The purpose of this policy is to provide a framework which enables BNSSG CCG to set out its records management arrangements for both its digital and paper records. This policy ensures that BNSSG CCG is able to comply with the legal and professional obligations set out for records and in particular:

- Public records Act 1958
- Data Protection Act 2018
- Access to Health records 1990
- Freedom of Information Act 2000
- Regulation of Investigatory Powers Act 2000
- General Duty Protection Regulations 2016 (GDPR)
- Records Management Code of Practice for Health and Social care 2016

Failure to comply with the regulations could result in reputational damage to BNSSG CCG and carries financial penalties of up to £500,000 imposed by the Information Commissioner.

This policy relates to all records and applies to all staff working in or on behalf of BNSSG CCG (this includes employees, GP practice members in the course of any work for the CCG, contractors, temporary staff, secondees, students and volunteers). This policy also covers records created by members of staff who work within an integrated team

3. Duties and responsibilities

The Chief Executive through the Executive Team is accountable for Records Management within BNSSG CCG.

The Chief Financial Officer, who is the Senior Information Risk Officer for the CCG, has the lead responsibility for Records Management and for ensuring this policy is implemented and becomes an active document within BNSSG CCG.

Executive Directors are responsible for ensuring that this policy is implemented in their individual directorates. They will nominate Records Management Co-ordinators who will liaise with the Corporate Secretary or their nominated deputy, regarding the management of records in the directorates.

The Corporate Secretary has operational responsibility for the Records Management Policy and is responsible for the overall development and maintenance of the Records Management Framework and for ensuring this policy complies with legal and regulatory edicts. The Corporate Secretary is responsible for developing and supporting a culture of high quality records management practice across BNSSG CCG to deliver associated organisational benefits.

Information Asset Owners are responsible for ensuring the asset they 'own' is managed in accordance with this policy, and also for maintaining adequate records within the context, both legal and regulatory, of the business area the asset operates. In doing this they will be responsible for:

- Reviewing/adopting tracking and registration systems for appropriate records
- Ensuring that clinical records are bound and stored so that loss of documents is minimised
- Ensuring that semi-current records are archived in appropriate, secure areas
- Ensuring that there is a mechanism for identifying records which must be kept for permanent preservation.
- Ensuring a contingency or business continuity plan is in place to provide protection for records

Information Asset Administrators are responsible for assisting the Information Asset Owners in the management of the records that they 'own', in accordance with point.

Records Management Coordinators within each business area will champion records management from a local level supporting their team in records management matters. This is further explained in Appendix 1

The BNSSG CCG Caldicott Guardian is responsible for approving and ensuring that national and local guidelines and protocols on the handling and management of confidential personal information are in place.

All staff are responsible for keeping a record of any significant business transaction conducted as part of their duties for BNSSG CCG. The record should be saved appropriately, a retention period assigned and access controls applied if necessary. Staff also have a responsibility to contribute to the upkeep of information Asset Registers

Staff must not alter, deface, block, erase, destroy or conceal records with the intention of preventing disclosure under a request relating to the Freedom of Information Act 2000 and the GDPR.

Staff are expected to manage records about individuals in accordance with this policy irrespective of their race, disability, gender, age, sexual orientation, religion or belief, or socio-economic status.

BNSSG CCG has a service level agreement with the Information Governance team, part of NHS South, Central and West Commissioning Support Unit, which has responsibility for ensuring that national guidelines are communicated, implemented and local guidelines and protocols on the handling and management of confidential personal information are in place.

Where BNSSG has contracts in place with other organisations it will, through the NHS Standard Contract, ensure a requirement for correct governance processes to be in place for the management and disposal of records.

4. Definitions of terms used

Records provide evidence of the activities of BNSSG CCG's functions and policies. The following description of a record is taken from the NHS England Document and Records Management Policy.

“Records have strict compliance requirements regarding their retention, access and destruction, and generally have to be kept unchanged. A record can be in various formats including email, paper, digital, social media, videos and telephone messages.

Records are created to provide information about what happened, what was decided, and how to do things. Records are a valuable resource because of the information they contain. High-quality information underpins the delivery of high-quality evidence-based healthcare. Information has most value when it is accurate, up-to-date and accessible when it is needed. An effective records management function ensures that information is properly managed and is available whenever and wherever there is a justified need for that information, and in whatever media it is required.

Records management is about controlling records within a framework made up of policies, standard operating procedures, systems, processes and behaviours. Together they ensure that reliable evidence of actions and decisions is kept and remains available for reference and use when needed, and that the organisation benefits from effective management of one of its key assets, its records.”

A records retention schedule sets out the classes of records which BNSSG CCG retains and the length of time these are retained before a final disposition action is taken (i.e. destruction or transfer to an archive). It applies to information regardless of its format or the media in which it is created or might be held. All staff members should be familiar with this records retention schedule and apply retention periods to records. The BNSSG CCG retention schedule is based on and

complies with the Records Management Code of Practice for Health and Social Care 2016 retention schedule

5. Registration of Records

All information that has a clinical relevance or contains personal information should be logged/registered in accordance with the appropriate system.

Administrative records are not normally registered. If the category of record merits registration, formal protocols will be issued following decisions made by Executive Directors and/or the Caldicott Guardian/Information Governance team.

Employees are responsible for ensuring that the best practice principles of logging are adhered to:

- The file title must be unique
- The reference identity assigned to each file must be unique
- Both of the above must be relevant to and easily understood by all users
- Details should be recorded both on the file cover and in the register.

If appropriate, a tracking system must be in place. As a minimum it should include

- Patient identifier
- A description of the item e.g. the file title
- The name of the person holding the record
- The date record taken from file
- The name of the person completing the form

6. Record naming and maintenance

Staff should refrain from naming folders or files with their own name unless the folder or file contains records that are biographical in nature about that individual, for example, personnel records.

Version Control is the management of multiple revisions to the same document. Where records contain person identifiable data or corporate sensitive information it is a legal requirement that such data is stored securely.

Good record keeping should prevent record duplication. Staff members should ensure team members have not previously created a record prior to initiating a new document.

Good record keeping requires information to be recorded at the same time an event has occurred or as soon as possible afterwards.

Staff should ensure their handwriting is legible when making entries on paper records. Staff should ensure records are relevant including their opinions about individuals, as the individual has the right gain access to their records via a Subject Access Request under the GDPR.

Be aware when redacting Microsoft Word documents electronically by using the black highlight text tool as this process is reversible. A Microsoft Word file converted into PDF can be easily read merely by copying it from PDF back into Word. Electronic methods of redaction can be considered as best practice when used correctly. Other methods of best practice for redaction include cover up tape, specific blacking pen or scalpel.

Electronic documents and records should be maintained in accordance with this Records Management Policy. The movement and location of paper records should be controlled to ensure that a record can be easily retrieved at any time. This will enable the original record to be traced and located if required and must be held in a shared location. Paper file storage must also be safe from unauthorised access and meet fire regulations.

Information Asset Owners should ensure they have a contingency or business continuity plan to provide protection for records which are vital to the continued functioning of the CCG.

7. Record access

There are a range of statutory provisions that give individuals the right of access to information created or held by BNSSG CCG such as a data subject access request, Freedom of Information request and correspondence on how a decision was made. The GDPR allows individuals to find out what personal data is held about them. The Freedom of Information Act 2000 gives the public the right of access to information held by public authorities.

8. Record disclosure

There are a 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. Only certain staff members have the authority, which is dictated by their role, to disclose records. Staff with this authority should make a record of any copies of records they have disclosed, and to whom.

9. Record retention and destruction

Records should only be destroyed in accordance with the BNSSG CCG Records Retention and Disposal Schedule. It can be a personal criminal offence to destroy requested information under either the Data Protection Act (Section 61) or the Freedom of Information Act (Section 77). BNSSG CCG needs to be able to demonstrate clearly that records destruction has taken place in accordance with proper retention procedures.

The Code of Practice on Records Management, issued under Section 46 of the Freedom of Information Act 2000, requires that records disposal 'is undertaken in accordance with clearly established policies that have been formally adopted'. The BNSSG CCG Records Retention and Disposal Schedule is a key component of the CCG's information compliance and allows a standardised approach to retention and disposal.

The recommended retention periods given on the BNSSG CCG Records Retention and Disposal Schedule apply to the official or master copy of the records. Any duplicates or local copies made for working purposes should be kept for as short a period of time as possible. Duplication should be avoided unless absolutely necessary. It should be clear who is responsible for retaining the master version of a record and copies should be clearly marked as such to avoid confusion.

Some types of records which may be created and kept locally are the responsibility of the local department, but may be found under a different function on the retention schedule: for example where recruitment is carried out by departments, the department shall be responsible for ensuring the disposal of the records relating to unsuccessful candidate, this type of record is listed under Human Resources in the retention schedule.

Records selected for archiving in line with the CCG retention scheme and no longer in regular use by BNSSG CCG should be transferred to the CCG's archive provider institution. When files are no longer current and removed into storage, the details must be entered on the Retention and Disposal of Records Schedule, which is attached at Appendix 1 and kept by the Directorate. A copy should be sent to the Corporate Manager who will hold a master copy of the organisation-wide schedule.

Preparation of records for storage will be undertaken using the protocol outlined in Appendix 2

Details of the destruction of these records must be entered on the Retention and Disposal Schedule and a copy will also be kept by the Corporate Manager.

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

10. Electronic Documents

It is important that staff save a copy of any key emails and/or attachments relating to their work in an appropriate folder on the network drive. This allows the CCG to retain a full record of any discussions or decisions that have taken place. An appropriate naming convention should be used, documented and communicated to relevant users of the information asset. As a guide should include – Date in YYYYMMDD format, followed by the project or work name, email topic, and if there multiple emails with the same date, a (1), (2) etc. to show which comes first.

Staff are expected to review their mail archiving systems on a regular basis which will in turn free up inbox space. The CCG will only support the funding of additional inbox space in special circumstances. Where this is granted it should not be relied upon for archiving purposes and does not replace any requirement for staff to save key emails on the network drive. Agreement of

extension to inbox space will be subject to need with assurance that archiving responsibilities have properly been fulfilled.

The guidance in this document around retention also applies to electronic documents and guidance around the destruction of electronic records can be found in the CSU ICT Disposal policy.

11. Training requirements

The information and responsibilities within this policy will be disseminated to staff by the publication of this policy on the BNSSG CCG website and intranet, and also via training sessions with all members of BNSSG CCG staff through mandatory Information Governance related training that is completed annually.

12. Equality Impact Assessment

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry'

13. Monitoring compliance and effectiveness

An implementation plan has been prepared and is attached at appendix 5. Compliance with this policy will be monitored by the Corporate Governance team through exception reporting together with periodic reviews by Internal Audit and annually through the Data Security and Protection Toolkit.

14. Countering Fraud

We are committed to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this policy document.

15. References, acknowledgements and associated documents

The following related documents may be accessed through our website:

BNSSG Information Governance Policy

BNSSG Freedom of Information Policy

BNSSG Individual Rights Policy

Information Security Policy

ICT Disposal Policy

The following related documents may be accessed through the links provided:

General Data Protection Regulation (GDPR)

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

Freedom of Information Act 2000

<https://www.legislation.gov.uk/ukpga/2000/36/contents>

Data Protection Act 2018

<https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

Access to Health Records Act 1990

<https://www.legislation.gov.uk/ukpga/1990/23/contents>

Records Management Code of Practice for Health and Social Care 2016

<https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016>

16. Appendices

Appendix 1	Retention and Disposal of Records Schedule (Archived Records Log)
Appendix 2	Archive Protocol
Appendix 3	CCG retention schedule
Appendix 4	Equality Impact Assessment
Appendix 5	Implementation plan

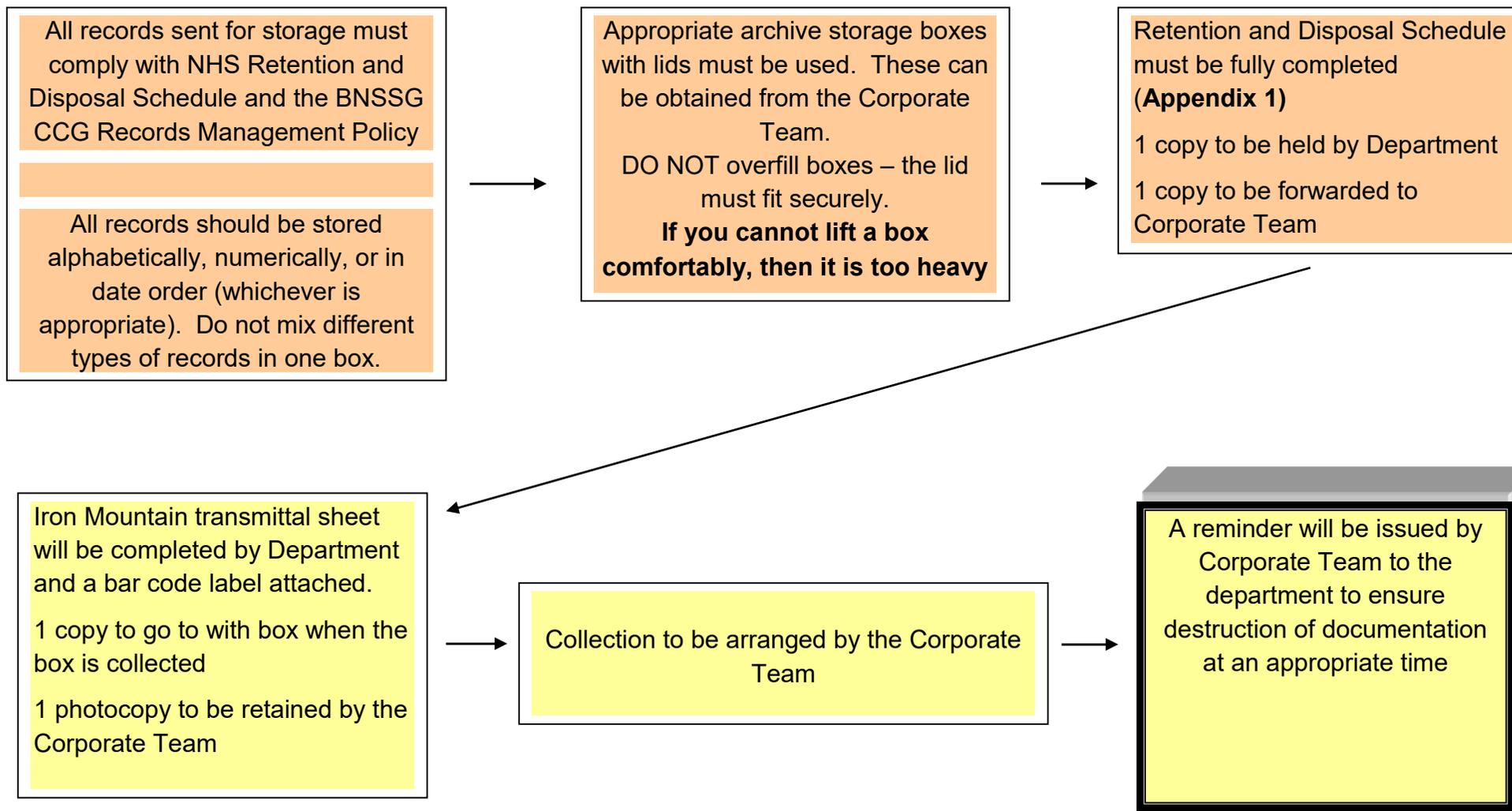
Appendix 1 - BNSSG CCG Retention and Disposal of Records Schedule (Archived Records Log)

Logged by	Main contact for box content	Iron Mountain Bar Code Number	Major description of contents	Minor Description of Contents	Other detail of contents <i>(Please ensure enough detail is entered to enable to box to be found again by anyone else)</i>	Contents List created and saved on S drive	Major Record Type	Record Type <i>(* denotes common types and is used to bring them to to top of the list)</i>	Period covered From To		Date Archived	Retention Period	Date to be Destroyed
												#N/A	
												#N/A	
												#N/A	



Appendix 2 – Archive Protocol

This protocol should be followed for any storage of records off site.



Broad descriptor	Record Type	Retention Start	Retention period	Action at end of retention period	Notes
Care Records with standard retention periods	Adult health records not covered by any other section in this schedule	Discharge or patient last seen	8 years	Review and if no longer needed destroy	Basic health and social care retention period - check for any other involvements that could extend the retention. All must be reviewed prior to destruction taking into account any serious incident retentions. This includes medical illustration records such as X-rays and scans as well as video and other formats.
Care Records with standard retention periods	Adult social care records	End of care or client last seen	8 years	Review and if no longer needed destroy	
Care Records with standard retention periods	Children's records including midwifery, health visiting and school nursing	Discharge or patient last seen	25 th or 26 th birthday (see Notes)	Review and if no longer needed destroy	Basic health and social care retention requirement is to retain until 25 th birthday or if the patient was 17 at the conclusion of the treatment, until their 26 th birthday. Check for any other involvements that could extend the retention. All must be reviewed prior to destruction taking into account any serious incident retentions. This includes medical illustration records such as X-rays and scans as well as video and other formats.
Care Records with standard retention periods	Electronic Patient Records System	See Notes	See Notes	Destroy	Where the electronic system has the capacity to destroy records in line with the retention schedule, and where a metadata stub can remain demonstrating that a record has been destroyed, then the code should be followed in the same way for electronic records as for paper records with a log being kept of the records destroyed. If the system does not have this capacity, then once the records have reached the end of their retention periods they should be inaccessible to users of the system and upon decommissioning, the system (along with audit trails) should be retained for the retention period of the last entry related to the schedule.
Care Records with standard retention periods	Mental Health records	Discharge or patient last seen	20 years or 8 years after the patient has died	Review and if no longer needed destroy	Covers records made where the person has been cared for under the Mental Health Act 1983 as amended by the Mental Health Act 2007. This includes psychology records. Retention solely for any persons who have been sectioned under the Mental Health Act 1983 must be considerably longer than 20 years where the case may be ongoing. Very mild forms of adult mental health treated in a community setting where a full recovery is made may consider treating as an adult records and keep for 8 years after discharge. All must be reviewed prior to destruction taking into account any serious incident retentions.

Pharmacy	Information relating to controlled drugs	Creation	See Notes	Review and if no longer needed destroy	<p>NHS England and NHS BSA guidance for controlled drugs can be found at: http://www.nhsbsa.nhs.uk/PrescriptionServices/1120.aspx and https://www.england.nhs.uk/wp-content/uploads/2013/11/som-cont-drugs.pdf The Medicines, Ethics and Practice (MEP) guidance can be found at the link (subscription required) http://www.rpharms.com/support/mep.asp#new Guidance from NHS England is that locally held controlled drugs information should be retained for 7 years.</p> <p>NHS BSA will hold primary data for 20 years and then review.NHS East and South East Specialist Pharmacy Services have prepared pharmacy records guidance including a specialised retention schedule for pharmacy. Please see: http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Reports-Bulletins/Retention-of-pharmacy-records/</p>
Commissioning	commissioning plans	Creation	20 Years	Transfer to a Place of Deposit	in line with corporate papers
Commissioning	clinical commissioning policies and other eg CHC	creation	20 years	Transfer to a Place of Deposit	in line with corporate papers
Log books & records of decisions taken in events/major incidents	Log books & notes	creation	25+ years	Review and consider transfer to a Place of Deposit	Following the Hillsborough Inquiry and other investigations into major incidents it is recommended that log books and any records of actions and decisions taken during an incident are retained. These records could be used in a court of law if the incident is subject to legal proceedings.
Event & Transaction Records	Datasets released by HSCIC under a data sharing agreement	Date specified in the data sharing agreement	Delete with immediate effect	Delete according to HSCIC instruction	http://www.hscic.gov.uk/media/15729/DARS-Data-Sharing-Agreement/pdf/Data_Sharing_Agreement_2015v2%28restricted_editing%29.pdf

Event & Transaction Records	Destruction Certificates or Electronic Metadata destruction stub or record of clinical information held on destroyed physical media	Destruction of record or information	20 Years	Review and consider transfer to a Place of Deposit	Destruction certificates created by public bodies are not covered by an instrument of retention and if a Place of Deposit or the National Archives do not class them as a record of archival importance they are to be destroyed after 20 years.
Event & Transaction Records	Equipment maintenance logs	Decommissioning of the equipment	11 years	Review and consider transfer to a Place of Deposit	
Event & Transaction Records	Inspection of equipment records	Decommissioning of equipment	11 Years	Review and if no longer needed destroy	
Event & Transaction Records	Referrals not accepted	Date of rejection.	8 years as an ephemeral record	Review and if no longer needed destroy	The rejected referral to the service should also be kept on the originating service file.
Event & Transaction Records	Requests for funding for care not accepted	Date of rejection	8 years as an ephemeral record	Review and if no longer needed destroy	
Telephony Systems & Services (999 phone numbers, 111 phone numbers, ambulance, out of hours, single point of contact call centres).	Recorded conversation which may later be needed for clinical negligence purpose	Creation	3 Years	Review and if no longer needed destroy	The period of time cited by the NHS Litigation Authority is 3 years
Telephony Systems & Services (999 phone numbers, 111 phone numbers, ambulance, out of hours, single point of contact call centres).	Recorded conversation which forms part of the health record	Creation	Store as a health record	Review and if no longer needed destroy	It is advisable to transfer any relevant information into the main record through transcription or summarisation. Call handlers may perform this task as part of the call. Where it is not possible to transfer clinical information from the recording to the record the recording must be considered as part of the record and be retained accordingly.
Telephony Systems & Services (999 phone numbers, 111 phone numbers, ambulance, out of hours, single point of contact call centres).	The telephony systems record (not recorded conversations)	Creation	1 year	Review and if no longer needed destroy	This is the absolute minimum specified to meet the NHS contractual requirement.
Clinical Trials & Research	Advanced Medical Therapy Research Master File	Closure of research	30 years	Review and consider transfer to a Place of Deposit	See guidance at: https://www.gov.uk/guidance/advanced-therapy-medicinal-products-regulation-and-licensing For clinical trials record retention please see the MHRC guidance at https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials

Clinical Trials & Research	Clinical Trials Master File of a trial authorised under the European portal under Regulation (EU) No 536/2014	Closure of trial	25 years	Review and consider transfer to a Place of Deposit	For details see: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.158.01.0001.01.ENG
Clinical Trials & Research	European Commission Authorisation (certificate or letter) to enable marketing and sale within the EU member states area	Closure of trial	15 years	Review and consider transfer to a Place of Deposit	http://ec.europa.eu/health/files/eudralex/vol-2/a/vol2a_chap1_2013-06_en.pdf
Clinical Trials & Research	Research data sets	End of research	Not more than 20 years	Review and consider transfer to a Place of Deposit	http://tools.jiscinfonet.ac.uk/downloads/bcs-rrs/managing-research-records.pdf
Clinical Trials & Research	Research Ethics Committee's documentation for research proposal	End of research	5 years	Review and consider transfer to a Place of Deposit	<p>For details please see: http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/</p> <p>Data must be held for sufficient time to allow any questions about the research to be answered. Depending on the type of research the data may not need to be kept once the purpose has expired. For example data used for passing an academic exam may be destroyed once the exam has been passed and there is no further academic need to hold the data. For more significant research a place of deposit may be interested in holding the research. It is best practice to consider this at the outset of research and orphaned personal data can inadvertently cause a data breach.</p>
Clinical Trials & Research	Research Ethics Committee's minutes and papers	Year to which they relate	Before 20 years	Review and consider transfer to a Place of Deposit	<p>Committee papers must be transferred to a place of deposit as a public record:</p> <p>http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/</p>
Corporate Governance	Board Meetings	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	

Corporate Governance	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.
Corporate Governance	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.
Corporate Governance	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	
Corporate Governance	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
Corporate Governance	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 Public Records Act 1958. 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.
Corporate Governance	Incidents (serious)	Date of Incident	20 Years	Review and consider transfer to a Place of Deposit	
Corporate Governance	Incidents (not serious)	Date of Incident	10 Years	Review and if no longer needed destroy	
Corporate Governance	Non-Clinical Quality Assurance Records	End of year to which the assurance relates	12 years	Review and if no longer needed destroy	
Corporate Governance	Patient Advice and Liaison Service (PALS) records	Close of financial year	10 years	Review and if no longer needed destroy	
Corporate Governance	Policies, strategies and operating procedures including business plans	Creation	Life of organisation plus 6 years	Review and consider transfer to a Place of Deposit	

Communications	Intranet site	Creation	6 years	Review and consider transfer to a Place of Deposit	
Communications	Patient information leaflets	End of use	6 years	Review and consider transfer to a Place of Deposit	
Communications	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
Communications	Public consultations	End of consultation	5 years	Review and consider transfer to a Place of Deposit	
Communications	Website	Creation	6 years	Review and consider transfer to a Place of Deposit	
Staff Records & Occupational Health	Duty Roster	Close of financial year	6 years	Review and if no longer needed destroy	
Staff Records & Occupational Health	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.
Staff Records & Occupational Health	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	
Staff Records & Occupational Health	Occupational Health Report of Staff member under health surveillance	Staff member leaves	Keep until 75th birthday	Review and if no longer needed destroy	
Staff Records & Occupational Health	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 Records & Occupational Health	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 75 th birthday, whichever is sooner, if a summary has been made.
Staff Records & Occupational Health	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 page 36 for an example of a Staff Record Summary used by an organisation.
Staff Records & Occupational Health	Timesheets (original record)	Creation	2 years	Review and if no longer needed destroy	
Staff Records & Occupational Health	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: 1 Clinical training records - to be retained until 75 th birthday or six years after the staff member leaves, whichever is the longer 2 Statutory and mandatory training records - to be kept for ten years after training completed 3 Other training records - keep for six years after training completed.
Procurement	Contracts sealed or unsealed	End of contract	6 years	Review and if no longer needed destroy	
Procurement	Contracts - financial approval files	End of contract	15 years	Review and if no longer needed destroy	
Procurement	Contracts - financial approved suppliers documentation	When supplier finishes work	11 years	Review and if no longer needed destroy	
Procurement	Tenders (successful)	End of contract	6 years	Review and if no longer needed destroy	
Procurement	Tenders (unsuccessful)	Award of tender	6 years	Review and if no longer needed destroy	

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
Estates	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.
Estates	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	
Estates	Equipment monitoring and testing and maintenance work	Completion of monitoring or test	10 years	Review and if no longer needed destroy	
Estates	Inspection reports	End of lifetime of installation	Lifetime of installation	Review	
Estates	Leases	Termination of lease	12 years	Review and if no longer needed destroy	
Estates	Minor building works	Completion of work	retain for 6 years	Review and if no longer needed destroy	
Estates	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.
Estates	Radioactive Waste	Creation	30 years	Review and if no longer needed destroy	

Estates	Sterilix Endoscopic Disinfectant Daily Water Cycle Test, Purge Test, Nynhydrin Test	Date of test	11 years	Review and if no longer needed destroy	
Estates	Surveys	End of lifetime of installation or building	Lifetime of installation or building	Review and consider transfer to Place of Deposit	
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
Finance	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. Where benefactions endowment trust fund/legacies - permanent retention.
Finance	Debtor records cleared	Close of financial year	2 years	Review and if no longer needed destroy	
Finance	Debtor records not cleared	Close of financial year	6 years	Review and if no longer needed destroy	
Finance	Donations	Close of financial year	6 years	Review and if no longer needed destroy	
Finance	Expenses	Close of financial year	6 years	Review and if no longer needed destroy	
Finance	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
Finance	Financial records of transactions	End of financial year	6 Years	Review and if no longer needed destroy	
Finance	Petty cash	End of financial year	2 Years	Review and if no longer needed destroy	
Finance	Private Finance initiative (PFI) files	End of PFI	Lifetime of PFI	Review and consider transfer to Place of Deposit	

Finance	Salaries paid to staff	Close of financial year	10 Years	Review and if no longer needed destroy	
Finance	Superannuation records	Close of financial year	10 Years	Review and if no longer needed destroy	
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.
Legal, Complaints & information Rights	Fraud case files	Case closure	6 years	Review and if no longer needed destroy	
Legal, Complaints & information Rights	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.
Legal, Complaints & information Rights	FOI requests where there has been a subsequent appeal	Closure of appeal	6 years	Review and if no longer needed destroy	
Legal, Complaints & information Rights	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.
Legal, Complaints & information Rights	Litigation records	Closure of case	10 years	Review and consider transfer to a Place of Deposit	
Legal, Complaints & information Rights	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	

Legal, Complaints & information Rights	Software licences	End of lifetime of software	Lifetime of software	Review and if no longer needed destroy	
Legal, Complaints & information Rights	Subject Access Requests (SAR) and disclosure correspondence	Closure of SAR	3 Years	Review and if no longer needed destroy	
Legal, Complaints & information Rights	Subject access requests where there has been a subsequent appeal	Closure of appeal	6 Years	Review and if no longer needed destroy	

Freedom of Information Policy Equality Impact Assessment Screening

Equality Impact Assessment Screening		
Query	Response	
What is the aim of the document?	to set out the CCG responsibilities in relation to records management as required in the Records Management Code of Practice for Health and Social care 2016 and processes to ensure compliance	
Who is the target audience of the document (which staff groups)?	All staff	
Who is it likely to impact on and how?	Staff	yes in that it describes the way in which staff are required to manage records. It does not have an impact on staff in terms of Equalities and Human Rights (see below)
	Patients	no
	Visitors	no
	Carers	no
	Visitors	no
	Other – governors, volunteers etc	yes – all members of the public submitting information requests in that it describes the way in which staff are required to manage records. It does not have an impact in terms of Equalities and Human Rights (see below)
Does the document affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010:	Age (younger and older people)	no
	Disability (includes physical and sensory impairments, learning disabilities, mental health)	no
	Gender (men or women)	no
	Pregnancy and maternity	no

	Race (includes ethnicity as well as gypsy travellers)	no
	Sexual Orientation (lesbian, gay and bisexual people)	no
	Transgender people	no
	Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	no
	Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	no – policy addresses data protection requirements

Appendix 5 – Corporate Policy Implementation Plan Template

Policy Name Records Management

Policy Owner:

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
Governing Body	Ensure GB is aware of CCG's responsibilities for records management and provide assurance that appropriate process is established to ensure legal compliance	Cover paper to the policy to be presented to the Governing Body	Corporate Secretary	03/07/18	03/07/18	staff time, governing body time
Executive Directors	Ensure awareness of responsibilities of CCG process to ensure compliance Individual Executive Director responsibilities Directorate Responsibilities	Processes have not altered since last review so this will be achieved through internal communications (Voice and all staff email)	Corporate Manager	ASAP after GB approval	ASAP after GB approval	staff time, executive director time
Records Management Co-ordinators	Ensure awareness of CCG process and Records Management Co-ordinators roles	internal communications through BNSSG Voice and all staff email 1:1 support to be provided to Records Management Co-ordinators by Corporate team	Corporate Manager	ASAP after GB approval & ongoing	ASAP after GB approval & ongoing	staff time
All Staff	Ensure awareness of CCG processes and procedures	Policy to be placed on website and Hub Information about the policy and CCG process to be communicated through internal newsletter Information about the policy and CCG process to be communicated through internal all staff email records management included in the annual Information governance training module	Corporate Manager	ASAP after GB approval	ASAP after GB approval	staff time IG training module