Records Management Policy and Procedures

Document Reference: POL005

Document Status: Approved

Version: V9.0

DOCUMENT CHANGE HISTORY

<table>
<thead>
<tr>
<th>Initiated by</th>
<th>Date</th>
<th>Author (s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Audit &amp; update of Records Management: NHS Code of Practice (Department of Health; January 2009)</td>
<td>October 2008</td>
<td>As part of recommendations forming action plan Previous joint Risk Management Strategy and Policy to be replaced by separate documents following audit and update of Records Management: NHS Code of Practice (updated January 2009)</td>
</tr>
<tr>
<td>Version</td>
<td>Date</td>
<td>Comments (i.e. viewed, or reviewed, amended approved by person or committee)</td>
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<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td>V1.0</td>
<td>September 2009</td>
<td>Approved by Trust Board</td>
</tr>
<tr>
<td>V2.0</td>
<td>December 2009</td>
<td>Minimum changes made to retention schedule</td>
</tr>
<tr>
<td>V3.0</td>
<td>15 August 2011</td>
<td>Executive Management Team</td>
</tr>
<tr>
<td>V4.0</td>
<td>December 2014</td>
<td>Review date extension approved by EMB</td>
</tr>
<tr>
<td>V5.0</td>
<td>December 2015</td>
<td>Review date extension approved by ELB</td>
</tr>
<tr>
<td>V6.0</td>
<td>17 November 2016</td>
<td>Approved by ELB</td>
</tr>
<tr>
<td>V6.1</td>
<td>14 February 2017</td>
<td>Reviewed by IGG Manager following BDO Internal Audit</td>
</tr>
<tr>
<td>V7.0</td>
<td>14 March 2017</td>
<td>Approved by ELB</td>
</tr>
<tr>
<td>V8.1</td>
<td>January 2021</td>
<td>Reviewed by Corporate Records Manager / FoI Officer</td>
</tr>
<tr>
<td>V8.1</td>
<td>21 January 2021</td>
<td>Approved by Information Governance Group</td>
</tr>
<tr>
<td>V9.0</td>
<td>18 February 2021</td>
<td>Approved by Compliance and Risk Group</td>
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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants,
governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.
# POL005 – Records Management Policy and Procedures

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1. Introduction

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

The importance of sound records management is outlined in the Records Management Code of Practice for Health and Social Care. This document is a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice and has been endorsed by the Information Governance Group as best practice and will be utilised in the development of this records management policy and procedures.

The Board has adopted this Records Management Policy and Procedures document as it has determined that the organisational benefits of doing so include:

- better use of physical and server space;
- better use of staff time;
- improved control of valuable information resources;
- compliance with legislation and standards; and
- reduced costs.
- Improved use of environmental resources
- Improved governance arrangements around trust records

2. Scope

This policy relates to all records held in any format by the Trust.

3. Duties

3.1 Chief Executive
The Chief Executive, as accountable officer, has overall responsibility for records management in EEAST. Records management is key to service delivery and continuity as it will ensure appropriate and accurate information is available when required.

### 3.2 Caldicott Guardian

The Caldicott Guardian is responsible for reflecting patients’ interests regarding the use of patient identifiable information and ensuring patient identifiable information is shared in an appropriate and secure manner.

### 3.3 Director of Finance and Commissioning

The Director of Finance and Commissioning as Senior Information Risk Owner (SIRO) for the Trust is responsible for reporting to the Board on any records management issues.

### 3.4 Compliance and Risk Group

The Compliance and Risk Group shall receive reports and notes of meetings from Information Governance Group as often as requested or required.

### 3.5 Information Governance Group

The Information Governance Group (IGG) has responsibility for receiving any breaches of this policy in respect of the inappropriate release or loss of information and for monitoring any action plans implemented as a result.

### 3.6 Head of Governance

The Head of Governance is responsible for ensuring that appropriate systems are in place for the effective and secure administration, storage, archiving, retention and destruction of all records.

### 3.7 Data Protection Officer

The Data Protection Officer is responsible for informing and advising the Trust about its obligations to comply with the UK GDPR
and other data protection laws, as well as monitoring compliance with these.

**3.8 Information Governance Manager**

The Information Governance Manager has designated responsibility for records management and to ensure that the appropriate systems are monitored and audited as required, as well as ensuring that any local processes support national policy and processes.

**3.9 Corporate Records Manager/FoI Officer**

The Corporate Records Manager/FoI Officer is responsible for ensuring that this policy is implemented and that the records management system and processes are developed, coordinated and monitored.

**3.10 Clinical Records Manager/FoI Officer**

The Clinical Records Manager/FoI Officer has responsibility for the scanning and safe destruction of paper PCRs when they are received, as well as the electronic archive of scanned PCR documents.

**3.11 Information Governance Team**

The Information Governance team has responsibility for the safe archiving, retention and storage of all records and for their safe destruction in line with relevant guidance and legislation.

**3.12 All Staff**

All staff who create, receive and use records have records management responsibilities; in particular, ensuring that they keep appropriate records of their work at EEAST. As well as managing those records in keeping with this policy, established information security and governance best practices, and with any further guidance subsequently produced.

**3.13 Legal and Professional Obligations**

All NHS records are Public Records under the Public Records Acts. EEAST will take action as necessary to comply with the legal and
professional obligations set out in the current Records Management Code of Practice for Health and Social Care, in particular:

- The Public Records Act 1958;
- The Data Protection Act 2018;
- The Freedom of Information Act 2000;
- The Common Law Duty of Confidentiality; and
- The NHS Confidentiality Code of Practice.

and any new legislation affecting records management as it arises.

### 3.14 Consultation and Communications with Stakeholders

EEAST is committed to involving staff and key stakeholders in the development, review and monitoring of key procedural documents. As such, relevant stakeholders have been consulted to ensure that their views have been taken on board in the development of this document.

### 4. Definitions

#### 4. Records Management

The key components of records management are:

- record creation;
- record keeping (records library including file name, file category/structure, reference);
- record maintenance (including tracking of record movements);
- access and disclosure;
- closure and transfer;
- appraisal;
- archiving; and
- disposal.

#### 4.2 Records Creation / Records Life Cycle

The term Records Life Cycle describes the life of a record from its creation/receipt through the period of its ‘active’ use, then into a
period of ‘inactive’ retention (such as closed files which may still be referred to occasionally) and finally either confidential disposal or archival preservation.

4.3 Record Keeping / Filing Reference

In this policy, Records are defined as ‘recorded information, in any form, created or received and maintained by EEAST in the transaction of its business or conduct of affairs and kept as evidence of such activity’. ISO 15489-1 advises that organisations:

- Create and capture records to meet requirements for evidence of business activity
- Take appropriate action to protect the authenticity, reliability, integrity and usability of records, as well as their business context, and to identify requirements for their management over time.

An effective records management system will enable the Trust to track and trace all records.

4.4 Information

Information is a corporate asset. Records are important sources of administrative, evidential and historical information.

4.5 Safe Haven

The term ‘Safe Haven’ describes an agreed set of procedures to ensure the safe and secure handling of confidential information. It can also be considered to be a location within an organisation where confidential information is both received and stored in a secure manner. Safe haven procedures should be in place in any location where confidential information is received, held or communicated, especially information of a sensitive nature.

4.6 Personal Information

Personal data is defined as Information relating to an identified or identifiable natural person (‘data subject’); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an
identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

4.7 Sensitive Information

Special category data (formerly known as sensitive data) is more sensitive, and so needs more protection. For example, information about an individual’s:

- race;
- ethnic origin;
- politics;
- religion;
- trade union membership;
- genetics;
- biometrics (where used for ID purposes);
- health;
- sex life; or
- sexual orientation.

4.8 Corporate Information

Corporate information relating to EEAST business may or may not be confidential in its nature. Some information (such as financial accounts and board minutes) are considered to be publicly disclosable and are available via the Freedom of Information Act and the EEAST website publication scheme. Other information is more confidential in its nature and its disclosure may be restricted.

Staff should take particular care when disclosing corporate information. If in any doubt staff should check first with their line manager, the Caldicott Guardian or the Information Governance team.

5. Document Development

5.1 Identification of Stakeholders

The stakeholders for this document are all staff who create, receive, retain, archive or dispose of records.
5.2 Responsibility for Document’s Development

The Corporate Records Manager/FOI Officer is responsible for the development and review of this document; recommending responsibility lies with the Information Governance Group.

6. Aims of our Records Management System

The aims of our Records Management System are to ensure that:

- records are available when needed - to ensure EEAST has all relevant information to hand as and when required;
- records can be accessed - records can be located easily, and that the current version is identified where multiple versions exist;
- records can be interpreted - the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records;
- records can be trusted – the record’s integrity and authenticity can be demonstrated;
- records can be maintained through time – the records is available and accessible throughout its lifecycle.
- records are secure - from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled and audit trails will track all use and changes. To ensure that records are held in a robust format which remains readable for as long as records are required;
- records are retained and disposed of appropriately - using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservation of records with archival value; and
- staff are trained - so all staff are aware of their responsibilities for record-keeping and record management.

7. Managing Records Retained On-site

All staff must manage any records they create or receive as part of their role at EEAST. Records must be easily retrievable and securely
retained for as long as required in line with the Record Retention Schedule (see Appendix F).

The following are some guidelines for effectively managing your records in-house:

- Ensure that all files are clearly labelled and organised in a manner that aids retrieval
- Regular appraisal of records ensures that only those which are used regularly and need to be retained in-house are stored onsite. Other documents can either be archived or disposed of as per the retention schedules in Appendix G.
- Duplicates should not be retained
- Documents should be retained in electronic format where possible to reduce the need for physical storage space both on and off-site.

Records should be reviewed regularly and any inactive records, unnecessary duplicates, and/or records that have reached the end of their retention period should be securely destroyed.

8. Retrieval and Archiving

For the retrieval and archiving of records, please refer to Appendices A & B.

9. Retention and Disposal Schedules

All EEAST records must be retained for a minimum period of time for legal, operational, research and safety reasons. The length of time will depend on the type of record and its importance to the business functions.

EEAST has adopted the retention periods set out in the current Records Management Code of Practice for Health and Social Care, please see Appendix F.

10. Safe Haven

Safe Haven procedures ensure that all confidential information that enters or leaves EEAST is handled and accessed in a controlled
manner, and that the privacy and confidentiality of personal information is maintained.

Any area or department that routinely handles confidential person-identifiable information must follow the safe haven procedures below.

10.1 Safe Haven Faxes

See Appendix H for information regarding Safe Haven faxes

10.2 Incoming and Outgoing Letter Mail

When transferring information by mail, the following procedures should be followed:

Check the name, department and address of the intended recipient.

Outgoing mail should be sealed securely and marked “Private and confidential, to be opened by addressee only”.

Ensure that a return address is recorded on the outside of the envelope and a compliment slip with the sender’s details is contained in the envelope to allow safe return in the event of loss or damage to the package/envelope.

Where possible, send a photocopy of the information, rather than originals.

If the information is considered to be highly sensitive, consider if the item should be sent by courier or registered post.

All incoming mail containing patient or personal information should be opened away from public areas and by the addressee only.

10.3 Sending patient information electronically

Access to computers must be password protected and where personal information is displayed the screens must be positioned in such a way as to prevent anyone overlooking them.

Any personal information received must be stored appropriately on the EEAST network.
Senders must ensure emails are sent to the correct address, marked as ‘confidential’ where necessary and that an audit trails of those emails sent and received is retained.

Person-identifiable or sensitive information should not be sent electronically via any other route unless there is evidence that the route is secure. Advice should be sought from the Trust’s IM&T or IG Teams before sending.

Email messages should also contain a corporate warning in the event that they should reach anyone other than the intended recipient e.g.

*The information contained in this transmission is confidential. It is intended for the addressee (s) only. If you are not the addressee you should not disclose, copy or circulate the information used in this transmission. Such unauthorised use may be unlawful. If you have received this transmission in error, please notify the sender immediately.*

10.4 Telephone

Any request for patient information made during a telephone call should not be disclosed without first confirming the identity of the person requesting the information:

Ask the caller to confirm their name, job title, department and organisation, and the reason for their request.

If in doubt, take a contact number for the requester and call them back when the validity of their request has been confirmed, and that the person has the right to receive the information.

Mobile phones should not be used to communicate personal or sensitive information as they are less secure than land lines. Personal information should not be sent by text message.

If voicemail and answering machines are used by departments, they should be set up so that messages left are recorded silently. Staff should take care when playing back messages so that they are not overheard by unauthorised personnel.
When an answering machine is receiving messages which may be confidential it should be protected by pin number access or in a locked room (when unattended) to prevent unauthorised access.

Return the call only to the person who requested the information

If you have to give patient or personal information over the telephone, be aware of others who may be able to hear your conversation and do not provide more information that is necessary.

Do not leave patient or personal information on an answer phone, unless you are sure that the answer phone is in a safe haven environment.

Ensure that you record your name, the date and time of disclosure, the reason, who authorised disclosure (if authorisation was sought) and the recipient’s details in the patient’s record.

10.5 Transporting Patient Information

Care should be taken to ensure that patient information is only taken off site when absolutely necessary. When selecting the most suitable delivery option for documents it is important to pay strict attention to the information classification level and to any possible security risk. See the Trust’s Confidentiality Code of Conduct for further information.

If information is taken off site:

Record what information is being taken off site, the reason why, and where or to whom it is being taken.

The information must be transported in a secure manner.

The information should not be left unattended or be made available to any unauthorised person.

The information should be returned as soon as possible and the return should be recorded.

Where the bulk transfer of personally identifiable information is required, special precautions should be agreed by the IM&T and IG
POL005 – Records Management Policy and Procedures

Teams prior to transfer. All portable media must be encrypted to approved NHS standards and sent by secure courier. Where the transfer is internal (i.e. between different sites and departments) then transport should be via an individual member of staff where possible. Containers should be ‘tamper evidenced’, i.e. it should be possible to tell if a seal has been broken in transit.

All transfers of personally identifiable information should be marked confidential and should have a return address on the outside in the event of non-delivery. They should be clearly addressed, preferably to a named person.

10.6 Manual Records

Manual Records containing patient or personal information must be kept in a secure environment and securely locked away when unattended. Patient records must be kept face-down when in public areas, and not left unattended.

10.7 Notice Boards

Patient and personal information should not be displayed on notice boards.

10.8 Record Keeping

All losses or unauthorised releases of information must be recorded on the Datix Risk Management System in line with the Trust’s risk management procedures.

11. Equality Analysis

An Equality Analysis has been undertaken for this document, see Appendix K.

12. Dissemination and Implementation

12.1 Dissemination

This document will be stored in the online Document Library for all Trust staff to access; it will also be publicised using relevant EEAST internal publications.
12.2 Implementation

All staff will be made aware of their responsibilities for record-keeping and record management through generic and specific training programmes and guidance as defined within the Training Needs Analysis contained within the EEAST Learning & Development Policy.

13. Process for Monitoring Compliance and Effectiveness

EEAST will monitor this policy for compliance through various streams (see Appendix J).

EEAST will also consider the risks of Records Management within its Internal Audit Programme and if appropriate will add to the annual programme for auditing.

The results of any audits undertaken in relation to Records Management will be reported to the Trust Board via the Audit Committee, Information Governance Group and Compliance and Risk Group.

14. Standards/Key Performance Indicators

Details of the standards and KPIs are included in Appendix J.

15. References

Records Management: NHS Code of Practice
Public Records Act 1958
Data Protection Act 2018
Freedom of Information Act 2000

16. Associated Documents

Records Management Framework and Guidelines

Appendices
Appenidex A Patient Records Management Procedures
Appendix B Corporate Records Management Procedures
Appendix A – Patient Records Management Procedures

Archiving

Locality offices

Upon receipt of paper Patient Care Records (PCRs) from stations, the nominated staff at the three locality offices will:

- record the date PCRs are received,
- the ambulance base or officer they came from.

Any stations submitting paper PCRs that exceed the 14 day standard will be contacted by the relevant locality office and the Clinical Records Manager/FoI Officer notified of any outcomes.

Operational management should receive reports from Area Offices of any weeks PCRs have not been received and of any re-occurring late or inappropriate arrivals.

The records will be prepared and scanned within the relevant locality secure storage area. This area must be kept locked at all times and is restricted to nominated staff only.

The originals of scanned PCRs will be held within the secure area for two weeks post scanning before being placed in the blue ‘confidential waste’ shredding bins. These bins will be emptied by the contracted secure waste disposal company.
It is extremely important to note that each box of records sent to offsite storage has cost implications, for processing the record/collection, storage for the agreed retention period, and retrieval (if necessary).

Retrieval – Single Patient Care Records

Internal archiving

For those instances when the PCR is currently stored at the locality office:

- Upon receipt of a request on the Sharepoint PCR Request Site, locate the form, scan and return it to storage.
- Attached the scan to the PCR Request Sharepoint Site

Under no circumstances should the original be sent.

For those instances where the PCR has been scanned or ePCR used:

- Upon receipt of the request locate the form within the Formic Fusion© or Siren databases
- Either, email and send to the person making the request or attach to PCR Request Sharepoint Site

External archiving

Only the Records Managers and Information Governance Manager are authorised to request PCRs from the offsite storage provider.

To request a PCR that is stored with the offsite storage provider, the following process must be followed:

- The PCR request must be uploaded to the Sharepoint PCR Request site.
- Once uploaded the Clinical Records Manager/FoI Officer will request the document from the offsite storage provider.
- Once the PCR has been located it will scanned and a secure image sent.
• The Clinical Records Manager/FoI Officer will then attach the scanned PCR to the relevant incident in DATIX.

Retrieval from external archiving – Multiple Days

When physical PCRs for an entire day or multiple days are required these must be requested through the Records Managers and Information Governance Manager.

Retention and Destruction of records

 Archived PCRs held off-site will be retained for 30 years from the date of the incident in line with the NHS Retention Schedule defined in Appendix G or until they have been retrieved and scanned.

At the start of each calendar year, the Corporate Records Manager/FoI Officer will the director responsible for patient records for approval to destroy those patient care records that have reached the end of their retention period.

The destruction certificate will be retained by the Corporate Records Manager/FoI Officer.

Mitigating Risk

If for any reason there is an identified or suspected incident relating to the archiving, retrieval or destruction of patient care records including: loss, damage or theft, the Records Managers must be contacted immediately. This will also be reported and investigated through the Trust’s DATIX Risk Management system.

Appendix B – Corporate Records Management Procedures

New Archive Box Deposits

This section details the process for sending new boxes to archive.

Preparation
• Request flat pack boxes, New Box Deposit Schedule forms and barcode labels from the Records Managers Records.Management@eastamb.nhs.uk.
• Ideally only inactive records should be archived; records which are required on a regular basis should be retained in-house for as long as possible.
• Remove and reuse all ring binders and lever arch folders; documents should be bound with filing clips (not paper clips or elastic bands as these rust/perish).
• If file retrieval is required then each file must have an identifying name or number clearly written on it to aid retrieval. Packing
• All records within a single box must have the same or a similar review date (date of the record plus the retention period for the record type as laid down in the Retention Schedule, Appendix G)
• Only boxes supplied by Oasis should be used to archive records
• Boxes must not be over packed; heavy boxes or those where the lid does not sit flat will not be collected.
• Each new box must have a complete inventory of its contents; this should be entered into the Archive Template (to be requested by emailing Records.Management@eastamb.nhs.uk). A review date must be included for each box, as well as the relevant document type from the retention schedule.
• Each new box must have a unique reference number starting with the department/location code, these codes will be assigned by emailing Records.Management@eastamb.nhs.uk. A central list of numbers for each department in each location must be kept to avoid duplication.
• The unique reference number must be written clearly on the box and nothing else; all other information/details written on the box must be crossed out.
• The number assigned to the box and its review date should be entered into the appropriate fields on the New Box Deposit Schedule form.
• A barcode should then be assigned to each of these new box numbers. The barcode must be placed in the relevant section marked on the box. The barcode number must then be written next to the appropriate box number on the New Box Deposit Schedule form.

Collection

• A copy of the completed Archive Template, including destruction date and document type as listed in the retention schedule should be sent to Records.Management@eastamb.nhs.uk with an email requesting collection.
• The New Box Deposit Schedule should then be copied as the driver will need to take the original.
• The work order supplied by the driver and the New Box Deposit Schedule form should be retained for your records.
• The Corporate Records Manager/FoI Officer and Corporate Records Manager/FoI Officer will retain a complete set of the Archiving Templates to show exactly what records we have sent to offsite storage.

It is extremely important to note that each box of records sent to offsite storage has cost implications, for processing the record/collection, storage for the agreed retention period, and retrieval (if necessary).

Retrievals

To request a record from storage:

• To retrieve a box of records from storage please email Records.Management@eastamb.nhs.uk with the box number of the box you require; the Box-it barcode or the number assigned to it by the Trust can be used.
• To retrieve a file of records from storage please email Records.Management@eastamb.nhs.uk with the name/number of the file and the number of the box it is in.
• To receive a scan back (an electronic scanned image) of a document held in offsite storage, please email Records.Management@eastamb.nhs.uk

A database of all requests and retrievals is held by the Corporate Records Manager/FoI Officer and Clinical Records Manager/FoI Officer

Returns
To return physical records to storage please email Records.Management@eastamb.nhs.uk stating:

• the number of boxes or files you wish to have collected with either the relevant barcode(s) or unique number(s) and
• that these are returns and not new boxes.

Review date
When a box reaches, or is close to, its review date, the head of your department will be contacted to ask if you would like to review the box contents and/or approve destruction of the contents. If the contents are to be retained beyond the retention period as laid out in the Retention Schedule (Appendix G) then this must be outlined in an email to Records.Management@eastamb.nhs.uk

Please note: if you wish to recall the box for inspection you will incur the cost of retrieving the box and then returning it to storage for destruction.

Mitigating Risk
If for any reason there is an identified or suspected incident relating to the archiving, retrieval or destruction of records including: loss, damage or theft, Records.Management@eastamb.nhs.uk must be contacted immediately. This will also be reported and investigated through the Trust’s DATIX Risk Management system.
Appendix C - Flow chart for archiving records off-site

1. **Records boxed**
   - Clearly labelled with box number

2. **Forms**
   - Dedicated staff complete New Box Deposit Schedule Form & Archiving Template

3. **Records Managers**
   - Upon receipt of request will contact the storage company to arrange for collection of records

4. **Collection**
   - Boxes collected – copy of New Box Deposit Schedule to driver

5. **Paperwork**
   - Retain New Box Deposit Schedule form for records. Archive Template to be retained by Records Managers
Appendix D - Flow chart for retrieval of PCR stored on-site

**UNDER NO CIRCUMSTANCES RELEASE THE ORIGINAL PATIENT CARE RECORD**

1. PCR requested via Sharepoint PCR Request site
2. **Nominated staff only**
   - Locate form, scan and return it to storage
3. Attach scanned image/ePCR to Sharepoint site
4. If required, scanned image/ePCR is emailed to requestor via secure eastamb account
5. Log on DATIX and file request for archiving
Appendix E - Flow chart for retrieval of single PCR from off-site

Dedicated staff complete PCR Request Form – Single PCRs And submit to the storage company
Copy in Records.Management@eastamb.nhs.uk

Offsite Storage:
eastsales@oasisgroup.com

Link to scanned PCR on secure server sent to requestor

Access by user name and password only

Save PCR to DATIX

Delete email

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**Appendix F – Retention Schedule**

Duplicates, including paper copies of records held electronically do not need to be retained and should be securely disposed of once no longer required for business purposes.

<table>
<thead>
<tr>
<th>Group</th>
<th>Record Name</th>
<th>Recommended Minimum Retention</th>
<th>Trigger point</th>
<th>Derivation</th>
<th>Action to be taken at end of retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Governance</td>
<td>Non-Clinical Quality Assurance Records</td>
<td>12 years</td>
<td>End of the year to which the assurance relates</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Clinical Audit Records</td>
<td>5 years</td>
<td>Date of audit</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Risk Registers</td>
<td>6 years</td>
<td>Date of creation</td>
<td>NHS X/Limitation Act 1890 and Corporate Awareness of Risks</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Complaints - case files</td>
<td>10 years</td>
<td>Date of file closure (including all potential or actual litigation)</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Patient Advice and Liaison Service (PALS) records</td>
<td>10 years</td>
<td>Close of financial year</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Visitors book</td>
<td>3 years</td>
<td>Date of last action</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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</tr>
<tr>
<td>Health and safety</td>
<td>Accident Books (BI 510) and completed Accident Record forms</td>
<td>10 years</td>
<td>Date of last action</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Copies of Reporting of Injuries, Diseases and Dangerous Occurrences Register (RIDDOR) report forms</td>
<td>12 years</td>
<td>Date of accident report</td>
<td></td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Equipment maintenance logs</td>
<td>11 years</td>
<td>When record ceases to be operational</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Inspection of equipment records</td>
<td>11 years</td>
<td>When record ceases to be operational</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Completed Risk Assessments for new or Expectant Mothers</td>
<td>6 years</td>
<td>Date of employee leaving</td>
<td></td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
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</tr>
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<tr>
<td></td>
<td>Completed Risk Assessments for new or Expectant Mothers</td>
<td>6 years</td>
<td>Date of employee leaving</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completed Office H&amp;S Audit Reports</td>
<td>10 years</td>
<td>Date of report</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Human Resources</td>
<td>Employee / Staff Central Record (includes records for National Directors, Non - Executive Directors, Trust Chairs, Trustees) Including but not limited to contract of employment, changes to terms and conditions, evidence of right to work, security checks and recruitment documentation, job adverts, application forms, job evaluation paperwork, public appointment assessors records, details of work</td>
<td>6 years</td>
<td>End of contract of employment</td>
<td>Create staff record summary and transfer all relevant information, then review or destroy main file</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
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<tr>
<td>related injuries, details of any exposure to hazardous materials, professional and stat / mand training records, details of special and / or unpaid leave periods, e.g. maternity / paternity / adoption leave</td>
<td></td>
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</tr>
<tr>
<td>Employee / Staff Record - Line Management Records (e.g. sick notes, annual leave records, PDR / appraisal / objective monitoring documentation)</td>
<td>6 years</td>
<td>End of contract of employment</td>
<td>To check</td>
<td></td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Employee / Staff Record - Summary Record Where a summary is made it must contain as a minimum: a summary of the employment history with dates; pension information including eligibility;</td>
<td>Keep until employee's 75th birthday</td>
<td>End of contract of employment</td>
<td></td>
<td></td>
<td>Review and consider transfer to a place of deposit</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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<td></td>
<td>details of any work related injury; records of any exposure to hazardous materials (including Lead (Control of Lead at Work Regulations 1980), Asbestos (Control of Asbestos at Work Regulations 1996), Compressed Air (Work in Compressed Air Regulations 1996), Radiation (Ionising Radiation Regulations 1985)); professional training history and professional qualifications related to the delivery of care; list of buildings where the member of staff worked and the dates worked in each location</td>
<td></td>
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<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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</tr>
<tr>
<td>Employee / Staff - Occupational Health Reports</td>
<td>Keep until employee's 75th birthday</td>
<td>Date of employee leaving</td>
<td>To check</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Employee / Staff - Occupational Health Report of Staff member under health surveillance</td>
<td>Keep until employee's 75th birthday</td>
<td>Date of employee leaving</td>
<td>To check</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Employee / Staff - Occupational Health Report of Staff member under health surveillance where they have been subject to radiation doses</td>
<td>50 years from the date of last entry, or until employee's 75th birthday, whichever is longer</td>
<td>Date of employee leaving</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grievance and / or Disciplinary Case Records</td>
<td>6 years</td>
<td>Closure of investigation</td>
<td>The Chartered Institute of Personnel and Development</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Employee / Staff Records - Individual Pension Records</td>
<td>Keep until employee's 100th birthday</td>
<td>Date of employee leaving</td>
<td>To check</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
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<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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</tr>
<tr>
<td>Clinical Training Records</td>
<td>Keep until employee's 75th birthday or 6 years after staff members leaves, whichever is longer</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory and Mandatory Training Records</td>
<td>10 years</td>
<td>Completion of training</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
<td></td>
</tr>
<tr>
<td>Training Records (other, not listed elsewhere in this document)</td>
<td>6 years</td>
<td>Completion of training</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
<td></td>
</tr>
<tr>
<td>Applications – unsuccessful</td>
<td>1 year</td>
<td>Notification of unsuccessful application</td>
<td>The Chartered Institute of Personnel and Development</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Duty Roster</td>
<td>6 years</td>
<td>Close of financial year</td>
<td>NHS X</td>
<td>Review and if no longer needed destroy</td>
<td></td>
</tr>
<tr>
<td>Timesheets (original record)</td>
<td>2 years</td>
<td>Creation</td>
<td>NHS X</td>
<td>Review and if no longer needed destroy</td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td>Litigation records</td>
<td>10 years</td>
<td>Closure of litigation</td>
<td>Review and consider transfer</td>
<td></td>
</tr>
</tbody>
</table>

POL005 – Records Management Policy and Procedures

#WeAreEEAST
<table>
<thead>
<tr>
<th>Group</th>
<th>Record Name</th>
<th>Recommended Minimum Retention</th>
<th>Trigger point</th>
<th>Derivation</th>
<th>Action to be taken at end of retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Whistle Blowing records</td>
<td>10 years</td>
<td>Closure of investigation</td>
<td>NHS</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Improvement Industrial relations including tribunal case records</td>
<td>10 Years</td>
<td>Close of financial year to which they relate</td>
<td>NHS X</td>
<td>Review and consider transfer to Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>Intell patents, trademarks, copyright, IP</td>
<td>Lifetime of patent or 6 years from end of licence/action</td>
<td>End or termination of patent/licence</td>
<td>NHS X</td>
<td>Review and consider transfer to Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>CCTV</td>
<td>Refer to ICO code of practice</td>
<td>Date of images</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>EPRR</td>
<td>Decision Log, Pocket Log Book, On Call Log Book, Incident-related documents including Debrief Records/Lessons Identified and documents of potential legal interest i.e. major/critical/business</td>
<td>30 years</td>
<td>Date of last action</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
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<td>---------------------------------------------</td>
</tr>
<tr>
<td>continuity/serious incident logs from predecessor organisations, documents presented in court/to coroners, plans, communications, organisational structures and other documents that could fit into this category. Format of records - mixture of paper and electronic.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision Log, Pocket Book, On Call Log, Log Book, post-exercise reports/Lessons Identified. Format of records - mixture of paper and electronic.</td>
<td></td>
<td>10 years</td>
<td>Date of last action</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Decision Log, Pocket Book, On Call Log, Log Book, on-call-related documents including handover records,</td>
<td></td>
<td>10 years</td>
<td>Date of last action</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
</tbody>
</table>

POL005 – Records Management Policy and Procedures
<table>
<thead>
<tr>
<th>Group</th>
<th>Record Name</th>
<th>Recommended Minimum Retention</th>
<th>Trigger point</th>
<th>Derivation</th>
<th>Action to be taken at end of retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>reviews/Lessons Identified and documents of potential legal interest i.e. event logs from predecessor organisations, documents presented in court/to coroners, plans, communications, organisational structures and other documents that could fit into this category. Format of records - mixture of paper and electronic.</td>
<td>30 years</td>
<td>Date of last action</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Incident Response Plans, Business Continuity Plans, EPRR Guidance, Standard Operating Procedures, Policy, Strategy, EPRR Core Standards Assurance reviews and reports. Format of records - electronic.</td>
<td>30 years</td>
<td>Date of last action</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
</tbody>
</table>
### POL005 – Records Management Policy and Procedures

<table>
<thead>
<tr>
<th>Group</th>
<th>Record Name</th>
<th>Recommended Minimum Retention</th>
<th>Trigger point</th>
<th>Derivation</th>
<th>Action to be taken at end of retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Information Sharing Protocols and Memorandum of Understanding, Mutual Aid Agreements, Service Level Agreements. Format of records - mixture of paper and electronic.</td>
<td>10 years</td>
<td>Date of last action</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Local Health Resilience Partnerships and sub-groups- minutes, papers, action logs, Risk Registers. Format of records – electronic.</td>
<td>30 years</td>
<td>Date of last action</td>
<td>NHS England</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Recorded conversations - which form part of the health record</td>
<td>Treat as health record</td>
<td>Date of creation</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Recorded conversations - which may be needed later for clinical negligence or other legal purposes</td>
<td>6 years</td>
<td>Date of creation</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Telephony systems record</td>
<td>1 year</td>
<td>Date of creation</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
</tbody>
</table>

**Notes:**
- Date of last action
- NHS England
- Review and destroy if no longer required
<table>
<thead>
<tr>
<th>Group</th>
<th>Record Name</th>
<th>Recommended Minimum Retention</th>
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<th>Derivation</th>
<th>Action to be taken at end of retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICT</td>
<td>Disaster recovery plans</td>
<td>6 years</td>
<td>Until superseded</td>
<td>NHS England</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Documentation relating to computer programmes written in-house</td>
<td>6 years</td>
<td>End of use of programme</td>
<td>NHS England</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Software licences</td>
<td>Lifetime of software</td>
<td>End of lifetime of software</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>IT Equipment Specifications</td>
<td>6 years</td>
<td>Date of specification</td>
<td>NHS England</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>Information Governance</td>
<td>Data Protection Impact Assessment (DPIA)</td>
<td>6 years</td>
<td>When processing activity stops</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Datasets released by NHS Digital under a data sharing agreement and its immediate predecessors</td>
<td>Delete with immediate effect</td>
<td>Date specified in the data sharing agreement</td>
<td>NHS X</td>
<td>Delete according to NHS Digital instruction</td>
</tr>
<tr>
<td>Clinical</td>
<td>Patient Care Records</td>
<td>30 years</td>
<td>Creation</td>
<td></td>
<td>Destroy</td>
</tr>
<tr>
<td></td>
<td>Adult health records not covered by any other section in this schedule</td>
<td>8 years</td>
<td>Discharge or patient last seen</td>
<td>NHSX</td>
<td>Review and if no longer needed destroy</td>
</tr>
</tbody>
</table>
## POL005 – Records Management Policy and Procedures

<table>
<thead>
<tr>
<th>Group</th>
<th>Record Name</th>
<th>Recommended Minimum Retention</th>
<th>Trigger point</th>
<th>Derivation</th>
<th>Action to be taken at end of retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult social care records</td>
<td>8 years</td>
<td>End of care or client last seen</td>
<td>NHSX</td>
<td>Review and if no longer needed destroy</td>
<td></td>
</tr>
<tr>
<td>Children's records including midwifery, health visiting and school nursing</td>
<td>25th or 26th birthday (see Notes)</td>
<td>Discharge or patient last seen</td>
<td>NHSX</td>
<td>Review and if no longer needed destroy</td>
<td></td>
</tr>
<tr>
<td>GP Patient records</td>
<td>10 years after death see Notes for exceptions</td>
<td>Death of Patient</td>
<td>NHSX</td>
<td>Review and if no longer needed destroy</td>
<td></td>
</tr>
<tr>
<td>Mental Health records</td>
<td>20 years or 8 years after the patient has died</td>
<td>Discharge or patient last seen</td>
<td>NHSX</td>
<td>Review and if no longer needed destroy</td>
<td></td>
</tr>
<tr>
<td>Obstetric records, maternity records and antenatal and postnatal records</td>
<td>25 years</td>
<td>Discharge or patient last seen</td>
<td>NHSX</td>
<td>Review and if no longer needed destroy</td>
<td></td>
</tr>
<tr>
<td>Cancer/Oncology - the oncology records of any patient</td>
<td>30 Years or 8 years after the patient has died</td>
<td>Diagnosis of Cancer</td>
<td>NHSX</td>
<td>Review and consider transfer to a Place of Deposit</td>
<td></td>
</tr>
<tr>
<td>Medical record of a patient with</td>
<td>30 Years or 8 years after the patient has died</td>
<td>Diagnosis</td>
<td>NHSX</td>
<td>Review and consider transfer</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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<tr>
<td></td>
<td>Creutzfeldt-Jakob Disease (CJD)</td>
<td></td>
<td></td>
<td></td>
<td>to a Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>Record of long term illness or an illness that may reoccur</td>
<td>30 Years or 8 years after the patient has died</td>
<td>Discharge or patient last seen</td>
<td>NHSX</td>
<td>Review and if no longer needed destroy</td>
</tr>
<tr>
<td></td>
<td>Clinical Protocols</td>
<td>25 years</td>
<td>Creation</td>
<td>NHS X</td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>Notifiable disease book</td>
<td>6 years</td>
<td>Creation</td>
<td>NHS X</td>
<td>Review and if no longer needed destroy</td>
</tr>
<tr>
<td></td>
<td>PTS Patient Transport Services</td>
<td>30 years (unless on CLERIC)</td>
<td>Creation</td>
<td></td>
<td>Destroy</td>
</tr>
<tr>
<td></td>
<td>ACS records</td>
<td>7 years</td>
<td>Creation</td>
<td></td>
<td>Destroy</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Information relating to controlled drugs (including controlled drugs books)</td>
<td>7 years</td>
<td>Creation</td>
<td>NHS X</td>
<td>See Notes</td>
</tr>
<tr>
<td></td>
<td>Pharmacy prescription records</td>
<td>2 years</td>
<td></td>
<td>NHS X</td>
<td>Destroy</td>
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<tr>
<td></td>
<td>Procurement and commissioning</td>
<td>6 years</td>
<td>Date of appeal / decision</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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<tr>
<td></td>
<td>Tender Documentation (unsuccessful)</td>
<td>6 years</td>
<td>Award of tender</td>
<td>Limitation Act 1980 / Public Contract Regulations</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Tender Documentation (successful)</td>
<td>6 years</td>
<td>End of contract</td>
<td>Limitation Act 1980 / Public Contract</td>
<td>Regulations Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Procurement Documentation, including Business Cases / Clarification Questions / ITQs / Statement of Work / Project Costings</td>
<td>6 years</td>
<td>End of financial year to which the record relates</td>
<td>Limitation Act 1980 / Public Contract Regulations</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Contracts sealed or unsealed</td>
<td>6 years</td>
<td>Termination of contract</td>
<td>Limitation Act 1980 / Public Contract Regulations</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Contracts - financial approval files</td>
<td>15 years</td>
<td>Termination of contract</td>
<td>Limitation Act 1980 / Public Contract Regulations</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Contracts - financial approved suppliers documentation</td>
<td>11 years</td>
<td>When supplier finishes work</td>
<td>Limitation Act 1980 / Public Contract Regulations</td>
<td>Review and if no longer needed destroy</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
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<tr>
<td>Tenders (successful)</td>
<td>End of contract</td>
<td>6 years</td>
<td>Limitation Act 1980 / Public Contract Regulations</td>
<td>Review and if no longer needed destroy</td>
<td></td>
</tr>
<tr>
<td>Tenders (unsuccessful)</td>
<td>Award of tender</td>
<td>6 years</td>
<td>Limitation Act 1980 / Public Contract Regulations</td>
<td>Review and if no longer needed destroy</td>
<td></td>
</tr>
<tr>
<td>Estates</td>
<td>Building plans, including records of major building work</td>
<td>6 years</td>
<td>Lifetime or disposal of the building</td>
<td>NHS X</td>
<td>Review and consider transfer to Place of Deposit</td>
</tr>
<tr>
<td>LOLER examination reports for lifts</td>
<td>20 years</td>
<td>Date of report</td>
<td></td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Lifting Equipment</td>
<td>5 years</td>
<td></td>
<td>Lifting Operations and Lifting Equipment Regulations 1998</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Model Risk Assessment (this covers assessments required under several codes of regulations. Each office must have a copy detailing their local arrangements)</td>
<td>10 years</td>
<td>Date of risk assessment</td>
<td>Model Risk Assessment Regulations</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
</tbody>
</table>
**POL005 – Records Management Policy and Procedures**

<table>
<thead>
<tr>
<th>Group</th>
<th>Record Name</th>
<th>Recommended Minimum Retention</th>
<th>Trigger point</th>
<th>Derivation</th>
<th>Action to be taken at end of retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection reports</td>
<td>Lifetime of installation or building</td>
<td>Annual renewal. The old document is superceded.</td>
<td>Annual renewal.</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
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<tr>
<td>Fire Risk Assessment</td>
<td>Annual renewal.</td>
<td>Fire Safety Order (FSO) Regulatory Reform (Fire Safety) Order 2005 / Fire safety in the design of healthcare premises (HTM 05-02)</td>
<td>Review, Archive or Destroy under confidential condition</td>
<td>Review, Archive or Destroy under confidential condition</td>
<td></td>
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<tr>
<td>Fixed electrical installation inspections</td>
<td>5 years</td>
<td>Fire Safety Order (FSO) Regulatory Reform (Fire Safety) Order 2005 / Fire safety in the design of healthcare premises (HTM 05-02)</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td>Review, Archive or Destroy under confidential conditions</td>
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<tr>
<td>Water Sanitation documentation</td>
<td>Risk assessment updated every 2 years, the old document is then superseded</td>
<td>HTM 04 Safe water in healthcare premises L8 Legionnaires' disease. The control of legionella bacteria in water</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td>Review, Archive or Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>systems Water Supply (Water Fittings) Regulations 1999</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low use water flushing</td>
<td>3 years minimum</td>
<td></td>
<td>HTM 04 Safe water in healthcare premises L8 Legionnaires' disease. The control of legionella bacteria in water systems Water Supply (Water Fittings) Regulations 1999</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Water coolers Sanitation</td>
<td>10 years</td>
<td>Date of sanitation check</td>
<td></td>
<td>Review, Archive or Destroy under confidential conditions</td>
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<tr>
<td></td>
<td>Fire evacuation drills</td>
<td>3 years</td>
<td>Date of fire evacuation drill</td>
<td>To check</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Minor building works</td>
<td>6 years</td>
<td>Completion of the work</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
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<tr>
<td>Group</td>
<td>Record Name</td>
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<tr>
<td>Carriage of Dangerous Goods</td>
<td></td>
<td>5 years</td>
<td></td>
<td>The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 and the 2011 Amendment Regulations</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>Equipment monitoring and testing and maintenance work where asbestos is a factor</td>
<td></td>
<td>40 years</td>
<td>Completion of monitoring or test</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>Asbestos</td>
<td>Annual asbestos reinspections. However old documents should be retained for 5 years.</td>
<td>10 years</td>
<td>Annual asbestos reinspections. However old documents should be retained for 5 years.</td>
<td>Control of Asbestos Regulations 2012</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>Equipment monitoring - general testing and maintenance work</td>
<td></td>
<td>12 years</td>
<td>Termination of lease</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
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<tr>
<td>Leases</td>
<td></td>
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**POL005 – Records Management Policy and Procedures**

**#WeAreEEAST**
<table>
<thead>
<tr>
<th>Group</th>
<th>Record Name</th>
<th>Recommended Minimum Retention</th>
<th>Trigger point</th>
<th>Derivation</th>
<th>Action to be taken at end of retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Photographic collections of service locations and events and activities</td>
<td>Up to 20 years</td>
<td>Date of collection</td>
<td>NHS X</td>
<td>Review and consider transfer</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>to Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>Radioactive Waste</td>
<td>30 years</td>
<td>Creation of waste</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
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<td></td>
<td>Waste Consignment Notes</td>
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<tr>
<td></td>
<td>Sterilix Endoscopic Disinfector Daily Water Cycle Test, Purge Test, Nynhydrin Test</td>
<td>11 years</td>
<td>Date of test</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Surveys (Buildings or Installations)</td>
<td>Lifetime of installation or building</td>
<td>End of lifetime of installation or building</td>
<td>NHS X</td>
<td>Review and consider transfer</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>to Place of Deposit</td>
</tr>
<tr>
<td>Finance</td>
<td>Financial transaction records</td>
<td>6 years</td>
<td>End of financial year</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>for which they relate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Final annual accounts report</td>
<td>Up to 20 years</td>
<td>Date of creation</td>
<td>NHS X</td>
<td>These should be transferred to Place of Deposit when practically possible after being retained</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
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<td>Derivation</td>
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<tr>
<td></td>
<td>Accounts (associated documentation and records for purposes of audit)</td>
<td>3 years</td>
<td>Close of financial year to which they relate</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Invoices</td>
<td>6 years</td>
<td>Close of financial year to which they relate</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Benefactions</td>
<td>8 years</td>
<td>End of financial year</td>
<td>NHS X</td>
<td>Review and consider transfer to Place of Deposit (benefactions and endowments should be offered to the Place of Deposit)</td>
</tr>
<tr>
<td></td>
<td>Debtor records cleared</td>
<td>2 years</td>
<td>Close of financial year to which they relate</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Debtor records not cleared</td>
<td>6 years</td>
<td>Close of financial year to which they relate</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
</tbody>
</table>
## POL005 – Records Management Policy and Procedures

<table>
<thead>
<tr>
<th>Group</th>
<th>Record Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Donations</td>
<td>6 years</td>
<td>Close of financial year to which they relate</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Petty cash</td>
<td>2 Years</td>
<td>Close of financial year to which they relate</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Private Finance initiative (PFI) files - key papers only</td>
<td>Lifetime of PFI</td>
<td>End of PFI agreement</td>
<td>NHS X</td>
<td>Review and consider transfer to Place of Deposit</td>
</tr>
<tr>
<td>Counter Fraud</td>
<td>Fraud - case files (proven and unproven)</td>
<td>6 years</td>
<td>Closure of the case</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>Pay and Pensions</td>
<td>Superannuation records</td>
<td>10 years</td>
<td>Close of financial year to which they relate</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Death Benefit Nomination and Revocation Forms</td>
<td>Keep until employee's 75th birthday</td>
<td>Date of employee leaving</td>
<td>The National Archives (on NHSE schedule)</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Staff salary information/files</td>
<td>10 years</td>
<td>Close of financial year to which they relate</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Pensions estimates and awards</td>
<td>Keep until employee's 75th birthday</td>
<td>Date of employee leaving</td>
<td>Review, Archive or Destroy under</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
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<td>Trigger point</td>
<td>Derivation</td>
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<td></td>
<td>Central Employee Payroll Records, including: Full name and date of birth. National Insurance Number. Pensionable pay at leaving. Reckonable service for pension purposes (and actual service where this is different, together with reasons for the difference). Reason for leaving and new employer’s name (where known). Amount and destination of any transfer value paid. Amount of any refund of NHS Pension Scheme contributions. Amount and date of any Contributions Equivalent Premium</td>
<td>Keep until employee's 75th birthday</td>
<td>Date of employee leaving</td>
<td>confidential conditions</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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<td></td>
<td>paid. All other papers relating to pensionability not listed above (e.g. papers about pensionability of other employment (including war service); extension of service papers; papers about widower’s, widower’s, children’s and other dependant’s pension; correspondence with the Cabinet Office, other departments and pension administrators, or the officer and his/her representatives (MP’s, union or others) about pension matters.</td>
<td>Keep until employee's 75th birthday</td>
<td>Date of employee leaving</td>
<td>To check</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
</tbody>
</table>
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<th>Derivation</th>
<th>Action to be taken at end of retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Additional voluntary Contributions (ABC)</td>
<td>Keep until employee's 75th birthday</td>
<td>Date of employee leaving</td>
<td>To check</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Complete sick absence record showing dates and causes of sick leave</td>
<td>Keep until employee's 75th birthday</td>
<td>Date of employee leaving</td>
<td></td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Expenses</td>
<td>6 years</td>
<td>Close of financial year to which they relate</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>Governance: Publications</td>
<td>Annual Publications, including: Annual Plans / Annual Plan reviews / Annual Report and Accounts</td>
<td>20 years</td>
<td>Date of publication / finalisation</td>
<td></td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>Consolidated Report to Parliament</td>
<td>20 years</td>
<td>Date of publication / finalisation</td>
<td></td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td>Governance: Procedural Documents</td>
<td>Policies/Strategies/Standard Operating</td>
<td>Life of organisation plus 6 years</td>
<td>Life of organisation</td>
<td>NHS X</td>
<td>Review and consider transfer</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
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<td>Trigger point</td>
<td>Derivation</td>
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<tr>
<td>Procedures - including business plans</td>
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<td></td>
<td>to a Place of Deposit</td>
</tr>
<tr>
<td>Quarterly Reviews from NHS Trusts</td>
<td>6 years</td>
<td>Date of completion</td>
<td>NHS X/Limitation Act 1890</td>
<td>Review and destroy if no longer required</td>
<td></td>
</tr>
<tr>
<td>Merger Pack</td>
<td>10 years</td>
<td>Date of publication / finalisation</td>
<td>Merger Pack</td>
<td></td>
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<tr>
<td>Improvement Plans</td>
<td>20 years</td>
<td>Date of publication / finalisation</td>
<td>Review and consider transfer to a Place of Deposit</td>
<td></td>
<td></td>
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<tr>
<td>Rules of Procedure</td>
<td>20 years</td>
<td>Date of publication / finalisation</td>
<td>Review and consider transfer to a Place of Deposit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Secretary</td>
<td>Roll Out Plans for NHS Trusts</td>
<td>20 years</td>
<td>Date of publication / finalisation</td>
<td>Review and consider transfer to a Place of Deposit</td>
<td></td>
</tr>
<tr>
<td>National Tariff / Pricing Guidance</td>
<td>20 years</td>
<td>Date of publication / finalisation</td>
<td>NHS Improvement</td>
<td>Review and consider transfer to a Place of Deposit</td>
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</tr>
<tr>
<td>Gifts and Hospitality</td>
<td>10 years</td>
<td>Date of gift / hospitality</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under</td>
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<tr>
<td>Group</td>
<td>Record Name</td>
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<tr>
<td></td>
<td>General Notification of Interests / Conflicts of Interest Register</td>
<td>6 years</td>
<td>Date last updated</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
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<td></td>
<td>Trust submission forms</td>
<td>6 years</td>
<td>Date of creation</td>
<td>NHS X/Limitation Act 1890</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Board Meetings</td>
<td>Up to 20 years</td>
<td>Date of meeting</td>
<td>NHS X</td>
<td>Review and consider transfer to a place of deposit</td>
</tr>
<tr>
<td>Governance: Committees and Group</td>
<td>Committees (Major) Listed in the Scheme of Delegation or report into the Board (including major projects)</td>
<td>Up to 20 years</td>
<td>Creation</td>
<td>NHS X</td>
<td>Review and transfer to Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>Committees (Minor) Not listed in the Scheme of Delegation (includes</td>
<td>6 Years</td>
<td>Creation</td>
<td>NHS X</td>
<td>Review and consider transfer</td>
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<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
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</tr>
<tr>
<td>minor meetings and departmental business meetings)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>to Place of Deposit</td>
</tr>
<tr>
<td>Corporate records of health and care organisations and providers that predate the NHS (July 1948)</td>
<td></td>
<td></td>
<td>NHS X</td>
<td>Contact local Place of Deposit for review, destroy those not selected</td>
<td></td>
</tr>
<tr>
<td>Correspondence with branches of the media</td>
<td>7 years</td>
<td>Date of last action</td>
<td></td>
<td></td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Reports on media / public relations</td>
<td>7 years</td>
<td>Date of last action</td>
<td></td>
<td></td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Press releases and important internal communications</td>
<td>6 years</td>
<td>Date of the press release</td>
<td>NHS X</td>
<td>Review and consider transfer to a place of deposit</td>
<td></td>
</tr>
<tr>
<td>Public consultations</td>
<td>5 years</td>
<td>Date of last action</td>
<td>NHS X</td>
<td>Review and consider transfer to a place of deposit</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
</tr>
<tr>
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</tr>
<tr>
<td>Public/media relations</td>
<td>Website</td>
<td>6 years</td>
<td>When superseded / or at significant change / refresh</td>
<td>NHS X</td>
<td>Review and consider transfer to a place of deposit</td>
</tr>
<tr>
<td></td>
<td>Intranet site</td>
<td>6 years</td>
<td>When superseded / or at significant change / refresh</td>
<td>NHS X</td>
<td>Review and consider transfer to a place of deposit</td>
</tr>
<tr>
<td></td>
<td>Patient information leaflets</td>
<td>6 years</td>
<td>End of use</td>
<td>NHS X</td>
<td>Review and consider transfer to a place of deposit</td>
</tr>
<tr>
<td></td>
<td>Public consultations</td>
<td>5 years</td>
<td>End of consultation</td>
<td></td>
<td>Review and consider transfer to a place of deposit</td>
</tr>
<tr>
<td></td>
<td>Classification schemes</td>
<td>7 years</td>
<td>Date Of classification scheme</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td></td>
<td>Indexes</td>
<td>7 years</td>
<td>Date of last action</td>
<td>NHS England</td>
<td>Retain permanently</td>
</tr>
<tr>
<td></td>
<td>Disposal Schedules</td>
<td>6 years</td>
<td>Date of schedule</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Information Governance: Records Management</td>
<td>Destruction certificates (Destruction Certificates or Electronic Metadata destruction stub or record of information held on destroyed physical media)</td>
<td>20 years</td>
<td>Date of certificate</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>Research</td>
<td>Research data sets</td>
<td>Not more than 20 years</td>
<td>End of research</td>
<td>NHS X</td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>Advanced Medical Therapy Research (master file)</td>
<td>30 years</td>
<td>End of research</td>
<td>NHS X</td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>Clinical trials - master file of a trial authorised under the European portal under Regulation 536/2014</td>
<td>25 years</td>
<td>End of research</td>
<td>NHS X</td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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</tr>
<tr>
<td>European Commission</td>
<td>Authorisation</td>
<td>15 years</td>
<td>End of research</td>
<td>NHS X</td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td>Research ethics</td>
<td>committee - documentation for research proposal</td>
<td>5 years</td>
<td>End of research</td>
<td>NHS X</td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td>Research ethics</td>
<td>committee - minutes and papers</td>
<td>As soon as practically possible</td>
<td>Year of meeting</td>
<td>NHS X</td>
<td>Review and must be transferred to a Place of Deposit</td>
</tr>
<tr>
<td>Chaplaincy</td>
<td>Chaplaincy records</td>
<td>2 years</td>
<td>Creation</td>
<td>NHS X</td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td>Surveys/research</td>
<td>Patient surveys - individual returns and analysis</td>
<td>1 year after return</td>
<td>Completion of return</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td></td>
<td>Patient surveys - final reports</td>
<td>Permanent retention</td>
<td></td>
<td>NHS X</td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>Staff surveys - individual returns and analysis</td>
<td>1 year after return</td>
<td>Completion of survey</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
</tbody>
</table>

POL05 – Records Management Policy and Procedures
<table>
<thead>
<tr>
<th>Group</th>
<th>Record Name</th>
<th>Recommended Minimum Retention</th>
<th>Trigger point</th>
<th>Derivation</th>
<th>Action to be taken at end of retention period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff surveys - final reports</td>
<td>Permanent retention</td>
<td></td>
<td>NHS X</td>
<td>Review and consider transfer to a Place of Deposit</td>
</tr>
<tr>
<td>Information governance:</td>
<td>Subject access requests (SARS), response and subsequent correspondence</td>
<td>3 years</td>
<td>Date of request closure</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>requests</td>
<td>Subject access request - where there has been an appeal</td>
<td>6 years</td>
<td>Date of appeal closure</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>Freedom of Information</td>
<td>Freedom of Information requests - response to the request and associated</td>
<td>3 years</td>
<td>Date of request closure</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>requests - where there has</td>
<td>correspondence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>been an appeal</td>
<td>Freedom of Information requests - where there has been an appeal</td>
<td>6 years</td>
<td>Date of appeal closure</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive records (This may include emails and correspondence</td>
<td>Up to 20 years</td>
<td>Creation</td>
<td>NHS X</td>
<td>Review and transfer to Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>where they are not already included in the board papers)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>Record Name</td>
<td>Recommended Minimum Retention</td>
<td>Trigger point</td>
<td>Derivation</td>
<td>Action to be taken at end of retention period</td>
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<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Service Delivery</td>
<td>VDI forms</td>
<td>10 years</td>
<td>Creation</td>
<td></td>
<td>Review and if no longer needed destroy</td>
</tr>
<tr>
<td></td>
<td>Performance Reports</td>
<td>10 years</td>
<td>Date of report</td>
<td>NHS England</td>
<td>Review, Archive or Destroy under confidential conditions</td>
</tr>
<tr>
<td>Patient safety</td>
<td>Serious Incidents (include independent investigations)</td>
<td>20 years</td>
<td>Date of incident</td>
<td>NHS X</td>
<td>Review and consider transfer to Place of Deposit - consult with local Place of Deposit</td>
</tr>
<tr>
<td></td>
<td>Incidents - not serious</td>
<td>10 years</td>
<td>Date of incident</td>
<td>NHS X</td>
<td>Review and destroy if no longer required</td>
</tr>
</tbody>
</table>
Appendix G – Safe Haven Faxes

Safe Haven Systems

The following Safe Haven requirements should be in place for any area where physical (e.g. fax or post) confidential or sensitive information is sent or received:

• A room that is either locked or accessible via a coded key pad known only by authorised staff or an office or workspace sited in such a way that only authorised staff can enter that location.
• If sited on the ground floor any windows should be secure and have locks on them
• If a securely locked room is not available then fax machines should be kept in a lockable cupboard accessible by authorised staff only
• The room should conform to health and safety requirements in terms of fire, safety from flood, theft or environmental damage.
• Manual paper records containing person-identifiable information should be stored in a secure area accessible by authorised personnel only
• Fax machines must be situated in an office (not corridor) which is locked when unoccupied. Access to the fax machine must be by authorised personnel only.

Sending a Fax

Fax machines must only be used to transfer personal information where it is absolutely necessary.

Fax machines which are designated as secure Safe Havens should be accessible to approved staff only and be clearly marked as such. An example of a notice to be displayed in Safe Haven areas can be found in Appendix I.

When sending a fax, the sender must ensure that it is being sent to the relevant recipient and that the correct fax number is entered.

Before sending the recipient must be made aware that a fax is being sent and they must confirm receipt.
Only the minimum amount of personal information should be sent, if possible this should be anonymised. Personal information should only be sent to a safe haven fax machine.

A Safe Haven fax header must be used which carries a clear confidentiality statement, e.g.:

‘The information contained within this fax transmission is intended only for the use of the individual or entity on the transmission sheet. The documents accompanying it contain information from the East of England Ambulance Service NHS Trust that may confidential and privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error please notify us by telephone immediately to arrange for the return of the documents.’

Receiving Faxes

No received faxes should be left unattended at the fax machine and access to the machine should be limited to authorised personnel only.

The contents must not be disclosed to any other parties without the sender’s permission.

If the fax is not acknowledged by the recipient, they must be contacted as soon as possible.
Appendix H – Example of the notice to be displayed in Safe Havens

This is a Safe Haven Fax - Fax no:

You may send or receive personally identifiable information from here. Please take the following precautions:

Do’s

- Do check and double check that you have typed the recipients number correctly.
- Do use pre-programmed numbers where possible.
- Do use an EEAST cover sheet with instructions on it should the fax be received by the wrong person.
- Do print a confirmation sheet for the transmission.
- Do follow Caldicott principles when sending person identifiable information.
- Do use an identifying number instead of personal details if possible.
- Do separate clinical and personal/demographic details if possible.

Do Not’s

- Don’t send person identifiable information unless you can justify that it is necessary.
- Don’t include person identifiable information details on the Cover sheet
The information contained within this fax transmission is intended only for the use of the individual or entity on the transmission sheet. The documents accompanying it contain information from the East of England Ambulance Service NHS Trust that may confidential and privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error please notify us be telephone immediately to arrange for the return of the documents.
### Equality Impact Assessment

<table>
<thead>
<tr>
<th>EIA Cover Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of process/policy</strong></td>
</tr>
<tr>
<td><strong>Is the process new or existing? If existing, state policy reference number</strong></td>
</tr>
<tr>
<td><strong>Person responsible for process/policy</strong></td>
</tr>
<tr>
<td><strong>Directorate and department/section</strong></td>
</tr>
<tr>
<td><strong>Name of assessment lead or EIA assessment team members</strong></td>
</tr>
<tr>
<td><strong>Has consultation taken place? Was consultation internal or external? (please state below):</strong></td>
</tr>
<tr>
<td><strong>Internal</strong></td>
</tr>
</tbody>
</table>

### The assessment is being made on:

<table>
<thead>
<tr>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Written policy involving staff and patients</strong></td>
</tr>
<tr>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td><strong>Changes in practice</strong></td>
</tr>
<tr>
<td><strong>Department changes</strong></td>
</tr>
<tr>
<td><strong>Project plan</strong></td>
</tr>
</tbody>
</table>
**EQUALITY ANALYSIS**

**What is the aim of the policy/procedure/practice/event?**

To ensure staff are clear on how to manage any records they receive or create as part of their role at EEAST.

**Who does the policy/procedure/practice/event impact on?** All staff who create or receive records during their work for EEAST.

<table>
<thead>
<tr>
<th>Race</th>
<th>Religion/belief</th>
<th>Marriage/Civil Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Disability</td>
<td>Sexual orientation</td>
</tr>
<tr>
<td>Age</td>
<td>Gender re-assignment</td>
<td>Pregnancy/maternity</td>
</tr>
</tbody>
</table>

**Who is responsible for monitoring the policy / procedure / practice / event?**

Corporate Records Manager / FoI Officer

**What information is currently available on the impact of this policy/procedure/practice/event?** N/A

**Do you need more guidance before you can make an assessment about this policy/procedure/practice/event?** Yes/No

**Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics?** Yes/No, If yes please provide evidence/examples:

<table>
<thead>
<tr>
<th>Race</th>
<th>Religion/belief</th>
<th>Marriage/Civil Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Disability</td>
<td>Sexual orientation</td>
</tr>
<tr>
<td>Age</td>
<td>Gender re-assignment</td>
<td>Pregnancy/maternity</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>

Please provide evidence:

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

<table>
<thead>
<tr>
<th>Race</th>
<th>Religion/belief</th>
<th>Marriage/Civil Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Disability</td>
<td>Sexual orientation</td>
</tr>
<tr>
<td>Age</td>
<td>Gender re-assignment</td>
<td>Pregnancy/maternity</td>
</tr>
</tbody>
</table>

Please provide evidence:

**Action Plan/Plans - SMART**

Specific
Measurable
Achievable
Relevant
Time Limited

**Evaluation Monitoring Plan/how will this be monitored?**

Who
How
By
Reported to