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**ORG106**

## **RETENTION OF RECORDS**

**Berkshire Healthcare NHS Foundation Trust**

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Please be advised that Berkshire Healthcare discourages the retention of hard copies of policies and can only guarantee that the policy on the intranet is the most up-to-date version.

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| **This policy has been published ahead of final ratification by the Information Governance Group and Non Clinical Risk Group due to the need for the organisation to comply with the GDPR Regulations.****This policy version is now to be followed by all staff.** |

**Re-issued: May 2018**

**Review Date: May 2020**

**Version: 1**

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| **Policy Lead:** | Data Protection Officer |
|  |  |
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**POLICY DEVELOPMENT**

**ORG106 – RETENTION OF RECORDS**

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| --- | --- |
| History: | Version 1: Issued May 2018 ahead of final ratification by the Non Clinical Risk Group and Information Governance Committee to comply with GDPR Regulations |
| Designated Lead: | Data Protection Officer |
| Policy Consultants: | IT Compliance & Audit Department |
| Distributed for comments: | Information Governance Committee – 26th July 2018 (pending) |

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1. **SCOPE**
	1. Berkshire Healthcare’s records, whether analogue or digital, are subject to the retention requirements of this procedure.
	2. Records can be health records about patients, staff records for employees or business information.
2. **RESPONSIBILITY**
	1. The following roles are responsible for retention of these records because they are the information asset owners.
	2. **Asset owners** are responsible for ensuring that all personal data is collected, retained and destroyed in line with the requirements of the General Data Protection Regulation (GDPR)
	3. **The Director of Finance (CFO)** is responsible for retention of financial (accounting, tax) and related records.
	4. **The Human Resources Director** is responsible for retention of all HR records.
	5. **The Director of Estates & Facilities** is responsible for retention of all Health and Safety records [etc].
	6. **The Company Secretary** is responsible for retention of all other statutory and regulatory records.
	7. **The Data Protection Officer** is responsible for storage of data in line with this procedure.
3. **POLICY**
	1. Berkshire Healthcare will identify the minimum retention periods. A local departmental review may determine whether records are to be selected for permanent reservation, destroyed or retained by Berkshire Healthcare - for litigation or research purposes
	2. The required retention periods by record type, are recorded in Appendix A to this policy under the following categories:
	* Record type
	* Retention start
	* Retention period
	* Action at end of retention period
	1. Whenever the agreed schedule is used, the guidelines listed below should be followed:-
	* Local requirements/ instructions must be considered before activating retention periods in the schedule.
	* Decisions to destroy records should also be considered locally, in the light of the need to preserve records whose use cannot be fully anticipated at the present time but which may be of value to future generations (a destruction log must be retained).
	* Electronic linkage to the physical records must be considered.
	* Recommended minimum retention periods should be calculated from the end of the calendar or accounting year following the last entry on the record.
	* Compliance with the Data Protection Act 2018 in that secure storage is provided and data are not kept for longer than necessary for the purpose for which it was collected.
	1. The implementation of electronic systems allows us to store documents electronically and allows us to move towards our vision of an electronic-only record. If a document is part of the clinical (or other) record and not required to be kept in hard copy form (for legal or other purposes), if a clear and legible copy of the record has been scanned, verified and attached to the correct record, the original may be securely destroyed.
	2. The Data Protection Officer and Service Lead are responsible for destroying data once it has reached the end of the retention period as specified in Appendix A. Destruction must be completed within 60 days of the planned retention period.
	3. To ensure that confidentiality is maintained at all times, records will be destroyed by shredding or securely destroyed by the archiving supplier.
	4. Refer to the Records Management Policy (ORG038) for further information on permanent retention of documents.

**Appendix A – Retention Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | 25th or 26th birthday (see Notes)  | Review and if no longer needed destroy  | Basic health and social care retention requirement is to retain until 25th birthday or if the patient was 17 at the conclusion of the treatment, until their 26th 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 | General Dental Services records  | Discharge or patient last seen | 10 Years | Review and if no longer needed destroy  |   |
| Care Records with standard retention periods | GP Patient records  | Death of Patient | 10 years after death see Notes for exceptions | Review and if no longer needed destroy  | [Refer](https://www.rcpath.org/resourceLibrary/the-retention-and-storage-of-pathological-records-and-specimens--5th-edition-.html) to [IGA Records Management Code of Practice for Health and Social Care 2016](https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016) |
| 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. |
| Care Records with standard retention periods | Obstetric records, maternity records and antenatal and post natal records | Discharge or patient last seen | 25 years | Review and if no longer needed destroy  | For the purposes of record keeping these records are to be considered as much a record of the child as that of the mother. |
| Care Records with Non-Standard Retention Periods | Cancer/Oncology - the oncology records of any patient  | Diagnosis of Cancer | 30 Years or 8 years after the patient has died | Review and consider transfer to a Place of Deposit  | For the purposes of clinical care the diagnosis records of any cancer must be retained in case of future reoccurrence. Where the oncology records are in a main patient file the entire file must be retained. Retention is applicable to primary acute patient record of the cancer diagnosis and treatment only. If this is part of a wider patient record then the entire record may be retained. Any oncology records must be reviewed prior to destruction taking into account any potential long term research value which may require consent or anonymisation of the record.  |
| Care Records with Non-Standard Retention Periods | Contraception, sexual health, Family Planning and Genito-Urinary Medicine (GUM)  | Discharge or patient last seen | 8 or 10 years (see Notes) | Review and if no longer needed destroy  | Basic retention requirement is 8 years unless there is an implant or device inserted, in which case it is 10 years. All must be reviewed prior to destruction taking into account any serious incident retentions. If this is a record of a child, treat as a child record as above. |
| Care Records with Non-Standard Retention Periods | HFEA records of treatment provided in licenced treatment centres |   | 3, 10, 30, or 50 years  | Review and if no longer needed destroy  | [Retention periods are set out in the HFEA guidance at:http://www.hfea.gov.uk/docs/General\_directions\_0012.pdf](http://www.hfea.gov.uk/docs/General_directions_0012.pdf)  |
| Care Records with Non-Standard Retention Periods | Medical record of a patient with Creutzfeldt-Jakob Disease (CJD) | Diagnosis | 30 Years or 8 years after the patient has died | Review and consider transfer to a Place of Deposit  | For the purposes of clinical care the diagnosis records of CJD must be retained. Where the CJD records are in a main patient file the entire file must be retained. All must be reviewed prior to destruction taking into account any serious incident retentions. |
| Care Records with Non-Standard Retention Periods | Record of long term illness or an illness that may reoccur | Discharge or patient last seen | 30 Years or 8 years after the patient has died | Review and if no longer needed destroy  | Necessary for continuity of clinical care.The primary record of the illness and course of treatment must be kept of a patient where the illness may reoccur or is a life long illness. |
| Pharmacy | Information relating to controlled drugs | Creation | See Notes  | Review and if no longer needed destroy  | [Refer](https://www.rcpath.org/resourceLibrary/the-retention-and-storage-of-pathological-records-and-specimens--5th-edition-.html) to [IGA Records Management Code of Practice for Health and Social Care 2016](https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016) |
| Pharmacy | Pharmacy prescription records *see also Controlled Drugs*  | Discharge or patient last seen | 2 Years | Review and if no longer needed destroy | [Refer](https://www.rcpath.org/resourceLibrary/the-retention-and-storage-of-pathological-records-and-specimens--5th-edition-.html) to [IGA Records Management Code of Practice for Health and Social Care 2016](https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016) |
| Pathology | Pathology Reports/Information about Specimens and samples | Specimen or sample is destroyed | See Notes | Review and consider transfer to a Place of Deposit | [Refer](https://www.rcpath.org/resourceLibrary/the-retention-and-storage-of-pathological-records-and-specimens--5th-edition-.html) to [IGA Records Management Code of Practice for Health and Social Care 2016](https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016) |
| Event & Transaction Records | Blood bank register | Creation | 30 Years minimum | Review and consider transfer to a Place of Deposit  |   |
| Event & Transaction Records | Clinical Audit | Creation | 5 years | Review and if no longer needed destroy  |   |
| Event & Transaction Records | Chaplaincy records | Creation | 2 years | Review and consider transfer to a Place of Deposit  | See also Corporate Retention |
| Event & Transaction Records | Clinical Diaries | End of the year to which they relate | 2 years | Review and if no longer needed destroy  | Diaries of clinical activity & visits must be written up and transferred to the main patient file. If the information is not transferred the diary must be kept for 8 years. |
| Event & Transaction Records | Clinical Protocols | Creation | 25 years | Review and consider transfer to a Place of Deposit  | Clinical protocols may have archival value. They may also be routinely captured in clinical governance meetings which may form part of the permanent record (see Corporate Records). |
| 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 | General Ophthalmic Services patient records related to NHS financial transactions  | Discharge or patient last seen | 6 Years | Review and if no longer needed destroy  |   |
| Event & Transaction Records | GP temporary resident forms  | After treatment  | 2 years | Review and if no longer needed destroy  | Assumes a copy sent to responsible GP for inclusion in the primary care record |
| Event & Transaction Records | Inspection of equipment records | Decommissioning of equipment | 11 Years | Review and if no longer needed destroy  |   |
| Event & Transaction Records | Notifiable disease book | Creation | 6 years | Review and if no longer needed destroy  |   |
| Event & Transaction Records | Operating theatre records | End of year to which they relate | 10 Years | Review and consider transfer to a Place of Deposit  | If transferred to a place of deposit the duty of confidence continues to apply and can only be used for research if the patient has consented or the record is anonymised. |
| Event & Transaction Records | Patient Property Books | End of the year to which they relate | 2 years | Review and if no longer needed destroy  |   |
| Event & Transaction Records | Referrals not accepted | Date of rejection. | 2 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 | 2 years as an ephemeral record | Review and if no longer needed destroy  |   |
| Event & Transaction Records | Screening, including cervical screening, information where no cancer/illness detected is detected | Creation | 10 years | Review and if no longer needed destroy  | Where cancer is detected see 2 Cancer / Oncology. For child screening treat as a child health record and retain until 25th birthday or 10 years after the child has been screened whichever is the longer. |
| Event & Transaction Records | Smoking cessation  | Closure of 12 week quit period | 2 years | Review and if no longer needed destroy  |   |
| Event & Transaction Records | Transplantation Records | Creation | 30 Years | Review and consider transfer to a Place of Deposit  | See guidance at: https://www.hta.gov.uk/codes-practice |
| Event & Transaction Records | Ward handover sheet | Date of handover | 2 years | Review and if no longer needed destroy  | This retention relates to the ward. The individual sheets held by staff must be destroyed confidentially at the end of the shift. |
| Telephony Systems & Services (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 (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 (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.  |
| Births, Deaths & Adoption Records  | Birth Notification to Child Health | Receipt by Child health department | 25 years | Review and if no longer needed destroy  | Treat as a part of the child's health record if not already stored within health record such as the health visiting record. |
| Births, Deaths & Adoption Records  | Birth Registers | Creation | 2 years | Review and actively consider transfer to a Place of Deposit  | Where registers of all the births that have taken place in a particular hospital/birth centre exist, these will have archival value and should be retained for 25 years and offered to a Place of Deposit at the end of this retention period. Information is also held in the NHS Number for Babies (NN4B) electronic system and by the Office for National Statistics. Other information about a birth must be recorded in the care record.  |
| Births, Deaths & Adoption Records  | Body Release Forms | Creation | 2 years | Review and consider transfer to a Place of Deposit  |   |
| Births, Deaths & Adoption Records  | Death - cause of death certificate counterfoil | Creation | 2 years | Review and consider transfer to a Place of Deposit  |   |
| Births, Deaths & Adoption Records  | Death register information sent to General Registry Office on monthly basis | Creation | 2 years | Review and consider transfer to a Place of Deposit  | A full dataset is available from the Office for National Statistics. |
| Births, Deaths & Adoption Records  | Local Authority Adoption Record (normally held by the Local Authority children's services)  | Creation  | 100 years from the date of the adoption order | Review and consider transfer to a Place of Deposit  | The primary record of the adoption process is held by the local authority children's service responsible for the adoption service |
| Births, Deaths & Adoption Records  | Mortuary Records of deceased  | End of year to which they relate | 10 Years | Review and consider transfer to a Place of Deposit  |   |
| Births, Deaths & Adoption Records  | Mortuary register | Creation | 10 Years | Review and consider transfer to a Place of Deposit |   |
| Births, Deaths & Adoption Records  | NHS Medicals for Adoption Records | Creation  | 8 years or 25th birthday | Review and consider transfer to a Place of Deposit  | The health reports will feed into the primary record held by Local Authority Children’s services. This means that the adoption records held in the NHS relate to reports that are already kept in another file which is kept for 100 years by the appropriate agency and local authority. |
| Births, Deaths & Adoption Records  | Post Mortem Records | Creation | 10 years | Review and if no longer needed destroy  | The primary post mortem file will be maintained by the coroner. The coroner will retain the post mortem file including the report. Local records of post mortem will not need to be kept for the same extended time. |
| 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 | [For details please see:http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/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.](http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/) |
| 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 | Committee papers must be transferred to a place of deposit as a public record: http://www.hra.nhs.uk/resources/research-legislation-and-governance/governance-arrangements-for-research-ethics-committees/ |
| 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 75th 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 75th birthday or six years after the staff member leaves, whichever is the longer2 Statutory and mandatory training records - to be kept for ten years after training completed3Other 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.](https://ico.org.uk/media/for-organisations/documents/1542/cctv-code-of-practice.pdf) |
| 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 Disinfector 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  |   |

**COMMENTS / FEEDBACK (This form can be photocopied as needed)**

# ORG106 – RETENTION OF RECORDS POLICY

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return comments for consideration three months prior to review date to the designated policy lead or Governance Administration Manager, 2nd Floor, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ. Tel: 01344 415623.

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| Page:Paragraph: |  |
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| General comments: |  |

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**Equality Analysis – Template**

***‘Helping you deliver person-centered care and fair employment’***

|  |
| --- |
| **1. Title of policy/ programme/ service being analysed**RETENTION OF RECORDS POLICY |
| **2. Please state the aims and objectives of this work and what steps have been taken ensure that Berkshire Healthcare has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.**Inform staff of the Personal Data Breach Policy that Berkshire Healthcare applies. |
| 1. **Who is likely to be affected? e.g. staff, patients, service users**

Employees (Inc. permanent, temporary, bank, contractors), patients & their family/carers |
| **4. What evidence do you have of any potential adverse impact on groups with protected characteristics?** No adverse impact identified.**Include any supporting evidence e.g. research, data or feedback from engagement activities** |
| **4.1 Disability***People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)* | *Consider building access, communication requirements, making reasonable adjustments for individuals etc*No adverse impact identified. |
| * 1. **Sex**

*Men and Women* | *Consider gender preference in key worker, single sex accommodation etc*No adverse impact identified. |
| * 1. **Race**

*People of different ethnic backgrounds, including Roma Gypsies and Travelers* | *Consider cultural traditions, food requirements, communication styles, language needs etc*No adverse impact identified. |
| * 1. **Age**

*This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare* | *Consider access to services or employment based on need/merit not age, effective communication strategies etc*No adverse impact identified. |
| * 1. **Trans**

*People who have undergone gender reassignment (sex change) and those who identify as trans* | *Consider privacy of data, harassment, access to unisex toilets & bathing areas etc*No adverse impact identified. |
| * 1. **Sexual orientation**

*This will include lesbian, gay and bi-sexual people as well as heterosexual people.* | *Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc*No adverse impact identified. |
| * 1. **Religion or belief**

*Includes**religions, beliefs or no religion or belief* | *Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc*No adverse impact identified. |
| * 1. **Marriage and Civil Partnership**

*Refers to legally recognised partnerships (employment policies only)* | *Consider whether civil partners are included in benefit and leave policies etc*No adverse impact identified. |
| * 1. **Pregnancy and maternity**

Refers to the pregnancy period and the first year after birth | *Consider**impact on working arrangements, part-time working, infant caring responsibilities etc*No adverse impact identified. |
| * 1. **Carers**

*This relates to general caring responsibilities for someone of any age.*  | *Consider impact on part-time working, shift-patterns, options for flexi working etc*No adverse impact identified. |
| **4.11 Other disadvantaged groups**This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV. | *Consider ease of access, location of service, historic take-up of service etc*No adverse impact identified. |
| 1. **Action planning for improvement**

5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?5.2 If no mitigating action can be taken, please give reasons.5.3 Please state if there are any opportunities to advance equality of opportunity? An Equality Action Plan template is appended to assist in meeting the requirements of the general duty |
| **Sign off** |
| Name of person who carried out this analysis: IT Compliance & Audit Manager |
| Date analysis completed: April 2018 |
| Date analysis was approved by responsible Director: Ratified by the Non Clinical Risk Group – 16th August 2018 |