



London Ambulance Service **NHS**  
NHS Trust

**Records Management Retention and Disposal Policy and Procedure**

## DOCUMENT PROFILE and CONTROL.

**Purpose of the document:** A consistent and documented retention review and disposal process to be in place for records to be efficiently retrieved.

**Sponsor Department:** Governance and Compliance

**Author/Reviewer:** Information Governance Manager. To be reviewed by August 2014.

**Document Status:** Final

Amendment History			
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**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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## 1. Introduction

The London Ambulance Service NHS Trust (LAS) is dependent on its records to operate efficiently and account for its actions and the Records Management Retention and Disposal Policy and Procedure details the approach within the overall Records Management and Information Lifecycle Policy framework to ensure that the Trust maintains its documents and records to the appropriate timeframe required by legislation, standards and the clinical and corporate needs of the Trust.

It is important for the efficiency of the Trust that information is kept only for as long as necessary and the Records Management and Information Lifecycle Policy requires that there is a consistent and documented approach to retention and disposal which will include inventory and retention schedules, managed storage, and provision for permanent preservation of archival records. This policy and procedure will ensure the LAS has an approved process for retention and disposal including provision for permanent preservation of records where required by the Trust and/or The National Archives (TNA). It outlines the corporate approach necessary to ensure that retention and disposal is applied consistently throughout the Trust.

The inventory and retention schedules produced as an outcome of this policy will be periodically reviewed and maintained by departments in consultation with the Information Governance Manager to ensure best practice is followed at all times in line with business needs. Adherence to the schedules will ensure that the disposal of information is carried out in accordance with an agreed policy. The schedules will act as a reference point when complying with the Freedom of Information Act 2000 and demonstrate that disposal decisions have been made and implemented following due process.

## 2. Scope

This policy covers all records, and documents in any format or medium which have not yet been declared a record, held by the Trust, including information held on behalf of the LAS by another person, which are kept to comply with legal or statutory requirements or for business reasons.

## 3. Objectives

### To ensure:

- There is a consistent and documented retention review and disposal process which is carried out systematically and regularly and includes provision for permanent preservation of archival records.
- That records can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the LAS.

#### 4. Responsibilities

The **Chief Executive** has overall responsibility for ensuring that records are managed responsibly within the Trust.

The **Director of Corporate Services** has strategic responsibility for Information Governance including records management throughout the Trust.

The **Caldicott Guardian** is responsible for protecting the confidentiality of patient and service-user information and this policy supports the Caldicott function.

The **Assistant Director Corporate Services** has responsibility for the Governance and Compliance team which includes Information Governance.

The **Information Governance Manager** is responsible for day to day decisions on retention and disposal and has delegated powers to decide on the final destruction of records and other documents.

The **Information Governance Group (IGG)** is chaired by the Director of IM&T who is the Senior Information Risk Owner (SIRO) and will monitor the implementation of this policy and procedure.

The **Senior Management Group** and **Heads of departments** are responsible for ensuring that the policy is implemented in their directorates and individual departments. They will nominate records supervisors or departmental representatives, who will, with the Information Governance Manager, review records/documents for further retention or destruction.

**Records Supervisors** are responsible at departmental/team level for maintaining the Inventory/Retention Schedules and supervising the review/destruction/archiving process.

**Owners/Reviewers** are responsible for deciding retention periods and reviewing for the purposes of retention and disposal or archiving.

#### 5. Definitions

##### **Document**

Recorded information, stored on any medium, which can be interpreted in an application context and treated as a unit.

##### **Record**

'Recorded information, in any form, created or received and maintained by the Trust in the transaction of its business or conduct of affairs and kept as evidence of such activity'.

**Health Record** – *The Data Protection Act 1998*, describes the Health Record as 'consisting of information about the physical or mental health or condition

of an identifiable individual made by or on behalf of a health professional in connection with the care of that individual.’

### **Review**

The process of checking a record during its lifetime to decide when an action such as destruction of the record should take place.

### **Retention Schedule**

A set of instructions allocated to a record category and/or a folder to determine the length of time for which the category/folder should be retained by the LAS for legislative, standards or business purposes and the eventual fate of the category/folder on completion of this period of time. This is also known as a Disposal Schedule or a Retention and Disposal Schedule.

## **6. Standards to be maintained**

The following standards will be maintained for the management of the Trust’s information:

Only records required to undertake the Trust’s activities in an effective and efficient manner, to discharge its statutory obligations, and to provide support for decisions taken by The LAS will be retained.

Information shall be kept only for as long as it has value to the organisation or as long as it is required for statutory purposes.

Information shall be reviewed systematically and regularly in accordance with the Inventory/Retention schedules.

Records and documents shall be given fixed retention or review periods embedded in metadata wherever possible, with the exception of the types of information listed in Appendix 1 as examples of documents not to be declared a record.

Records and documents, whether in electronic or hard copy format, will be stored in a managed way which facilitates effective access and control and enables destruction at the appropriate time.

Records and documents shall be disposed of in a controlled, managed, and secure manner, where appropriate when no longer required by the Trust or TNA.

Records worthy of permanent preservation and mutually identified by the LAS and TNA shall be transferred to TNA or another appropriate place of deposit.

## 7. Inventory/Retention Schedule

7.1 Records supervisors will initially need to categorise the documents in use in their department/team and list these in their Inventory/Retention Schedule (see Appendix 2).

7.2 The owner/reviewer (job title) must then be identified for each category and added to the Schedule. For new categories of information this should be defined at the point of creation.

7.3 Following this the retention period for each category must be allocated by referring to Annex D1 or D2 of the Records Management - NHS Code of Practice:

[.http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4131747](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747)

Please note that Health records will be retained and disposed of in accordance with TP/017 Procedure for the Management of Health Records.

For all records reference should also be made to the NHS Information Governance: Guidance on Legal and Professional Obligations (DH 2007)

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_079619.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_079619.pdf)

and Outcome 21: Records – CQC Essential standards of quality & safety – may also be applicable.

[http://www.cqc.org.uk/db/documents/Essential\\_standards\\_of\\_quality\\_and\\_safety\\_March\\_2010\\_FINAL.pdf](http://www.cqc.org.uk/db/documents/Essential_standards_of_quality_and_safety_March_2010_FINAL.pdf)

Particular thought needs to be given to:

The importance of information to the business, especially Vital Records – those without which LAS cannot function - and emergency records essential to immediate recovery from a major disaster and Business Continuity.

Awareness as to what purpose records might be required by the business - Records may be retrieved simply for their information content; records for other purposes such as the auditing of the business function, formal (complaints) review etc. may need to be kept for quite different time periods.

Legal Requirements - When deciding on disposal external legal requirements which dictate the length of retention of documents will need to be checked. Legislation which has a direct effect on disposal includes:-

Freedom of Information Act 2000

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Data Protection Act 1998  
Public Records Act 1958  
Limitation Act 1980  
Companies Act 1985  
Finance Acts

Personal information: The length of time records, which contain personal information, should be kept relates to the provisions of the Data Protection Act and the Inventory/Retention schedule needs to be consistent with the 5<sup>th</sup> Principle which states that data must be kept for no longer than necessary. In a personnel file some records may be extremely long term (eg superannuation) while others are short term (eg annual performance reviews). Each schedule should indicate which categories include personal information relating to individuals.

7.4 It should be indicated on the Inventory/Retention Schedule whether the category will be destroyed or reviewed after the indicated period of years. For example if after checking the above requirements the owner/reviewer is unsure as to how long the file/folder will be of relevance to the business it could be marked for review rather than destruction after a period of, say, 5 years. After 5 years it will then be reviewed and a decision made to either destroy the file/folder or keep it for a further period, at the end of which there will be a further review.

7.5 Once the Inventory/Retention Schedule has been completed it should be kept in an electronic Records Management folder by the department and a copy should be forwarded to the Information Governance Manager.

7.6 Records Supervisors must ensure that Inventory/Retention Schedules are regularly maintained and add/amend categories, owners etc. as appropriate.

7.7 In order to manage information effectively each department will be required to agree departmental fileplans (folder structure) which will bring together all categories of document into one area. This will facilitate the next stage in the process which is the review of the records when they have reached their review/destruction date as indicated on the Inventory/Retention Schedule.

## **8. Review/Disposal**

8.1 Records Supervisors need to ensure that records are reviewed and/or disposed of at the correct time as indicated by their Inventory/Retention Schedule. This needs to be carried out to ensure that information stored is kept to a manageable proportion and to ease the process Records Supervisors should review at folder level wherever possible. To do this successfully it is important that all documents in a folder are of the same category (not necessarily the same format) and are kept for the same length of time as detailed in the Inventory/Retention Schedule. Supervisors should

use the Folders for Review spreadsheets to list folders and titles of records that are due for review, the owner/reviewer, the decision taken, and the new review date or date of destruction as appropriate.

8.2 The owner/reviewer will normally make the final decision on disposal but where there is any uncertainty the matter should be referred to the Information Governance Manager.

8.3 Secure destruction of records following the requirements, as appropriate, of TP/057 Waste Management Policy and TP/047 Electronic Information Handling Procedure must be undertaken by the Records Supervisor.

## **9. Archiving**

9.1 Archiving of paper records should be kept to a minimum but carried out as necessary using agreed procedures. Material of transitory importance such as working documents, the master copies of which are stored electronically, should not be archived – as a general rule of thumb any documents, apart from forms and survey sheets, identified in the Inventory/Retention Schedules to be kept for less than 3 years should not be archived. The Inventory /RetentionSchedules must be used to identify the disposal periods of all boxes either in, or to be placed in, the Archive and if necessary additional records categories must be added to a Inventory/Retention Schedule if it does not adequately cover some of the records in the Archive.

9.2 Electronic records can, if appropriate and of limited size, be archived on the network in linked folders in departmental fileplans (see Fileplan Guidance) but Records Supervisors may need to archive on removeable media in which case TP/047 Electronic Information Handling Procedure must be followed.

9.3 Records that have a retention period of 30 years may be worthy of permanent preservation and if mutually identified as such by the LAS and TNA shall be transferred to TNA or another appropriate place of deposit.



<b>IMPLEMENTATION PLAN</b>	
<b>Intended Audience</b>	All LAS Staff
<b>Dissemination</b>	Available to all staff on the Pulse and to the public on the LAS website.
<b>Communications</b>	Policy and Procedure to be announced in the RIB and a link provided to the document.
<b>Training</b>	Training will be provided to all members of the Information Governance Working Group and all identified Records Supervisors as this policy and procedure is rolled out across the Trust.
<b>Monitoring</b>	Progress with implementation of this policy and procedure will be monitored by the Information Governance Manager maintaining copies of all Inventory/Retention Schedules as produced and by receiving quarterly reports on progress from Records Supervisors. Results will be reported to the Information Governance Group which reports through to the Risk Compliance and Assurance Group.

**Examples of information to be kept are:-**

- Substantive contributions to the development of policy including factual evidence and interpretive material
- Drafts of formal documents where it is important to maintain an audit trail of changes to show the progression of a document to its final, possibly published, form.
- Evidence of how far organisational objectives have been met
- Text of, and background material to, decisions, rulings, opinions and advice issued to other organisations or members of the public
- Procedures used to select external suppliers
- Contracts and contract changes
- Authorisations for payments to suppliers
- Measures taken to comply with legal obligations eg Health and Safety at Work Act
- Vital Records – those without which the LAS cannot function - and emergency records essential to immediate recovery from a major disaster.

**Examples of documents not to be declared a record**

- Initial stages of drafts (where an audit trail is not required) and drafts where only cosmetic changes have been made.
- Invitations to presentations or social events
- Junk mail
- Circulars, office notices, guidance, policy documents etc unless created by your team or directly relevant to its work
- Publications and newsletters unless created by your team or directly relevant to its work
- Transitory communications regarding meeting arrangements etc which will soon become out of date.
- Copies of documents sent to you for information on which you do not comment and which are not directly related to the work of your team.
- Duplicated papers within the team.
- Copies of documents created by other organisations such as the Department of Health, kept for reference and information only.

