



FedBucks

Records Management Policy

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CONTROLLED DOCUMENT

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Approval and Authorisation

Completion of the following detail signifies the review and approval of this document, as minuted in the Fedbucks Board Meeting

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1. Aim

This policy defines FedBucks requirements for:

- producing, reviewing, changing, withdrawing, archiving and destroying a controlled document; and
- controlling documents of external origin.

2. Policy Statement

It is important that everyone understands the requirements placed upon them under Law, Regulation and Best Practice in relation to the withdrawal, archiving, retention and destroying of controlled documents.

This policy will give guidance for archiving of documents and the retention periods required for each type of record stored.

All employees involved in withdrawing, archiving and destroying documents and records need to understand this policy and ensure that it is implemented whenever they are involved in any of the above activities.

3. Scope and Definitions

Controlled Document – Any policy, procedure, guideline, protocol produced within FedBucks, along with their supporting forms or documents.

FedBucks Records – Any financial document, report, care notes (clinical or non-clinical), company document, leases or other document as described in the Records Retention section 8 of this document.

Where documents or records are created and/or held in hard copy or maintained in a simple file structure on a server or PC then control will need to be ensured by the person creating a document or producing a record. However, all controlled documents relating to policies, procedures, protocols or guidance should be stored and disseminated as per Appendix A.

4. Responsibilities

The records management function is the responsibility of the Governance Team and the Systems Manager.

All staff, whether clinical or administrative, must be appropriately trained so that they are fully aware of their personal responsibilities in respect of record keeping and records management and that they are competent to carry out their designated duties. No patient or client records or systems should be handled or used until training has been completed.

Training should include the use of electronic records systems and should be carried out by organisational policies and procedures and guidance documentation.

An example is staff who have lead responsibility for patient case notes and who manage the 'records library' and other storage areas where records are kept. Staff responsible must have an up-to-date knowledge of, or access to, expert advice on the laws and guidelines concerning confidentiality, data protection (including subject access requests), and freedom of information requests.

Individual Responsibility

Under the Public Records Act 1958 employees are responsible for any records that they create or use in the course of their duties. Therefore, any records created or received by an employee of the NHS are public records and may be subject to both legal and professional obligations. For those records created in a local authority setting, such as adult social care and public health, section 224 of the Local Government Act 1972 applies as 'without prejudice to the powers of the *custos rotulorum* to give directions as to the documents of any county, a principal council shall make proper arrangements with respect to any documents that belong to or are in the custody of the council or any of their officers'.

Document Repository

The master copy of all Company Policies, procedures, forms and templates shall be held on the shared drive. Any printed copies of these documents shall be considered to be uncontrolled. Copies held on the staff intranet can be deemed to controlled.

5. Drafting and Labelling of Controlled Documents

All Controlled Documents produced within the Company shall have a Document Owner, who shall be clearly identified on the document.

The Document Owner shall:

- Discuss and agree the requirements (including assessing the need for, and the purpose of, the document) with the document users;
- Ensure the document conforms to the requirements which have been specified;
- Ensure that the document remains legible and readily identifiable;
- Review with selected document users before and during production, and whenever changes are proposed;
- Retain drafts of reviewed documents and changes made (preferably using the 'track changes' function where possible) together with any reviewers' comments;
- Upload the document to Policy folder;
- Notify all relevant personnel of the newly created document;
- Ensure, by means of periodic reviews, that all documents they own are current and, where they are not, ensure that they are updated, re-approved and re-issued;

A Controlled Document must have as a minimum:

Header

- The Company logo;
- A Document Title;

Footer

- A Document ID based on the numbering format within Policy Manager;
- The Version Number The date of publication;
- Review Due date;
- Document Owner/ Author (Job Title);
- Page Numbering;

6. File Naming Controlled Documents

All documentation must have a filename which gives a clear description of the document.

Convention for Version Numbering

The version number of Controlled Documents should be clearly identifiable within the footer of the document and recorded, using the following convention:

- v0.1 - First draft of an un-issued document
- v0.2 - Second draft (if applicable) etc
- v1.0 - First approved issue
- v1.1 - First draft to incorporate amendments to Issue 1.0
- v1.2 - Second draft (if applicable) etc
- v2.0 - Second approved issue etc

Document Change Control

All changes to Controlled Documents will result in a re-issue to the next issue version level.

All changes to controlled Documents must be approved by the Document Owner and forward to the appropriate department lead:

- Admin & Governance Manager 24/7;
- Planned Care Deputy Ops Mgr;
- Planned Care Ops Mgr; or
- HR Manager

who will ensure forwarded for approval by the FedBucks' Board and uploading to central storage location and intranet.

The Document Owner must alert/ advise all persons affected by the change of the changes made.

7. Withdrawal of Controlled Documents

The Document Author is responsible for notifying users when a Controlled Document is to be withdrawn from use.

8. How to Deal With Specific Types of Records

FedBucks Records are the evidence of Company activities, achievements and interactions with customers, suppliers, patients, service users, employees etc. Records mainly comprise of the completed forms, records of operational reviews, personnel and patient/service user records/data including test data.

FedBucks Records must be managed in accordance with this Policy.

All company records must:

- Clearly identify the date and place the work was carried out and the identity of the person who carried out the work.
- Be stored safely and in such a way as to be easily retrievable.
- Be uniquely identifiable, and the place of storage logged (if not archived in hardcopy with Restore).
- Be completed in accordance with any specific policies that apply to the category of records concerned, for example, guidance for clinical staff in completing medical records.

Retention

The destruction of records is an irreversible act. The **Records Retention Schedule** gives guidance as to the retention of particular type/ group of records and give minimum retention periods for key record types. See Appendix A.

9. Monitoring, Audit and Review

This policy remains under the control of the Governance Lead and resides in the Policy folder.

10. Audit of Records / Information Asset Management

All FedBucks service sites should complete an annual survey or audit of records to ensure that they understand the extent of their records management responsibilities (see spot checks).

This will not mean that every single record has to be recorded in a central index but it will involve knowing what series of records are held by which business areas, and that there are named local information asset owners/ information administrators managing all records appropriately.

It may be possible to link this process to information asset management. To do this, it must identify where the records are being held and that they are being held under the correct security conditions and in the case of clinical records, remain confidential. The process can be used as an opportunity for asset owners to identify how long their records need to be held. The process will also identify business critical assets and ensure that there are adequate business continuity measures in place to assure access and availability.

11. Related Policies

- See all Information Governance Policies
- See all IT Policies

1. Care Records With Standard Retention Periods

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
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.
Children's records including midwifery, health visiting and school nursing	Discharge or patient last seen	25 th or 26 th birthday (see Notes)	Review and if no longer needed destroy	Basic health and social care retention requirement is to retain until 25 th birthday or if the patient was 17 at the conclusion of the treatment, until their 26 th birthday. Check for any other involvements that could extend the retention. All must be reviewed prior to destruction taking into account any serious incident retentions. This includes medical illustration records such as X-rays and scans as well as video and other formats.
Electronic Patient Records System	See Notes	See Notes	Destroy	Where the electronic system has the capacity to destroy records in line with

				<p>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.</p>
GP Patient records	Death of Patient	10 years after death see Notes for exceptions	Review and if no longer needed destroy	<p>If a new provider requests the records, these are transferred to the new provider to continue care. If no request to transfer: 1. Where the patient does not come back to the practice and the records are not transferred to a new provider the record must be retained for 100 years unless it is known that they have emigrated 2. Where a patient is known to have emigrated, records may be reviewed and destroyed after 10 years 3. If the patient comes back within</p>

				the 100 years, the retention reverts to 10 years after death.
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.

2. Care Records With Non-Standard Retention Periods

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
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.
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3. Pharmacy Records

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
Information relating to controlled drugs	Creation	See Notes	Review and if no longer needed destroy	<p>1. Refer to NHS England and NHS BSA guidance for controlled drugs</p> <p>2. The Medicines, Ethics and Practice (MEP) guidance new Guidance from NHS England is that locally held controlled drugs information should be retained for 7 years.</p> <p>3. NHS BSA will hold primary data for 20 years and then review. NHS East and South East Specialist Pharmacy Services have prepared</p>

				pharmacy records guidance including a specialised retention schedule for pharmacy.
Pharmacy prescription records <i>see also Controlled Drugs</i>	Discharge or patient last seen	2 Years	Review and if no longer needed destroy	See also 'Controlled Drugs'. There will also be an entry in the patient record and a record held by the NHS Business Services Authority. NHS East and South East

4. Event & Transaction Records

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
Clinical Audit	Creation	5 years	Review and if no longer needed	
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.
Clinical	Creation	25 years	Review and	Clinical protocols

Protocols			consider transfer to a Place of Deposit	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).
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	NHS Digital Data Sharing guidance  Data_Sharing_Framework_Contract_FAQs
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.
Equipment maintenance logs	Decommissioning of the equipment	11 years	Review and consider transfer to a Place of Deposit	
Inspection of equipment records	Decommissioning of equipment	11 Years	Review and if no longer needed destroy	

Notifiable disease book	Creation	6 years	Review and if no longer needed destroy	
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.
Requests for funding for care not accepted	Date of rejection	2 years as an ephemeral record	Review and if no longer needed destroy	Requests for funding for care not accepted
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.

5. Telephony Systems & Services Records

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
Recorded conversation which may later be needed for clinical	Creation	3 Years	Review and if no longer needed destroy	The period of time cited by the NHS Litigation Authority is 3 years

negligence purpose				
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
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.

6. Corporate Governance Records

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
Board Meetings	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	Board Meetings

Board Meetings (Closed Boards)	Creation	May retain for 20 years	Transfer to a Place of Deposit	Although they may contain confidential or sensitive
Chief Executive records	Creation	May retain for 20 years	Transfer to a Place of Deposit	This may include emails and correspondence where they are not already included in the board papers and they are considered to be of archival interest.
Committees Listed in the Scheme of Delegation or that report into the Board and major projects	Creation	Before 20 years but as soon as practically possible	Transfer to a Place of Deposit	Committees Listed in the Scheme of Delegation or that report into the Board and major projects
Committees/ Groups / Sub-committees not listed in the scheme of delegation	Creation	6 Years	Review and if no longer needed destroy	Includes minor meetings/projects and departmental business meetings
Destruction Certificates or Electronic Metadata destruction stub or record of information held on destroyed physical media	Destruction of record or information	20 Years	Consider Transfer to a Place of Deposit and if no longer needed to destroy	The Public Records Act 1958 limits the holding of records to 20 years unless there is an instrument issued by the Minister with responsibility for administering the 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.
Incidents (serious)	Date of Incident	20 Years	Review and consider transfer to a Place of Deposit	Incidents (serious)
Incidents (not serious)	Date of Incident	10 Years	Review and if no longer needed destroy	Incidents (not serious)
Non-Clinical Quality Assurance Records	End of year to which the assurance relates	12 years	Review and if no longer needed destroy	Non-Clinical Quality Assurance Records
Policies, strategies and operating procedures including business plans	Creation	Life of organisation plus 6 years	Review and consider transfer to a Place of Deposit	

7. Communications

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
Intranet site	Creation	6 years	Review and consider transfer to a Place of Deposit	
Patient information leaflets	End of use	6 years	Review and consider transfer to a Place of Deposit	
Press releases	Release Date	6 years	Review and	Press releases

and important internal communications			consider transfer to a Place of Deposit	may form a significant part of the public record of an organisation which may need to be retained
Public consultations	End of consultation	5 years	Review and consider transfer to a Place of Deposit	
Website	Creation	6 years	Review and consider transfer to a Place of Deposit	

8. Staff Records & Occupational Health

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
Duty Roster	Close of financial year	6 years	Review and if no longer needed destroy	
Exposure Monitoring information	Monitoring ceases	40 years/5 years from the date of the last entry made in it	Review and if no longer needed destroy	A) Where the record is representative of the personal exposures of identifiable employees, for at least 40 years or B) In any other case, for at least 5 years.
Occupational Health Reports	Staff member leaves	Keep until 75th birthday or 6 years after the staff member	Review and if no longer needed destroy	

		leaves whichever is sooner		
Occupational Health Report of Staff member under health surveillance	Staff member leaves	Keep until 75th birthday	Review and if no longer needed destroy	
Occupational Health Report of Staff member under health surveillance where they have been subject to radiation doses	Staff member leaves	50 years from the date of the last entry or until 75th birthday, whichever is longer	Review and if no longer needed destroy	
Staff Record	Staff member leaves	Keep until 75th birthday (see Notes)	Create Staff Record Summary then review or destroy the main file.	This includes (but is not limited to) evidence of right to work, security checks and recruitment documentation for the successful candidate including job adverts and application forms. May be destroyed 6 years after the staff member leaves or the 75th birthday, whichever is sooner, if a summary has been made.
Staff Record Summary	6 years after the staff member leaves	75th Birthday	Place of Deposit should be offered for continued retention or Destroy	<i>Please see page 36 of IGA Guidance for an example of a Staff Record Summary used</i>

				<i>by an organisation.</i>
Timesheets (original record)	Creation	2 years	Review and if no longer needed destroy	Timesheets (original record)
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 longer 2. Statutory and mandatory training records - to be kept for ten years after training completed 3. Other training records - keep for six years after training completed.

9. Procurement

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
Contracts sealed or unsealed	End of contract	6 years	Review and if no longer needed destroy	
Contracts - financial approval files	End of contract	15 years	Review and if no longer needed destroy	
Contracts -	When supplier	11 years	Review and if no	

financial approved suppliers documentation	finishes work		longer needed destroy	
Tenders (successful)	End of contract	6 years	Review and if no longer needed destroy	
Tenders (unsuccessful)	Award of tender	6 years	Review and if no longer needed destroy	

10. Estates

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
Leases	Termination of lease	12 years	Review and if no longer needed destroy	
Minor building works	Completion of work	retain for 6 years	Review and if no longer needed destroy	


11. Finance Records

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
Accounts	Close of financial year	3 years	Review and if no longer needed destroy	Includes all associated documentation and records for the purpose of audit as agreed by auditors

Benefactions	End of financial year	8 years	Review and consider transfer to Place of Deposit	These may already be in the financial accounts and may be captured in other records/reports or committee papers. Where benefactions endowment trust fund/legacies - permanent retention.
Debtor records cleared	Close of financial year	2 years	Review and if no longer needed destroy	
Debtor records not cleared	Close of financial year	6 years	Review and if no longer needed destroy	
Donations	Close of financial year	6 years	Review and if no longer needed destroy	
Expenses	Close of financial year	6 years	Review and if no longer needed destroy	
Final annual accounts report	Creation	Before 20 years	Transfer to place of deposit if not transferred with the board papers	Should be transferred to a place of deposit as soon as practically possible
			Review and if	

Financial records of transactions	End of financial year	6 Years	no longer needed destroy	
Petty cash	End of financial year	2 Years	Review and if no longer needed destroy	
Private Finance initiative (PFI) files	End of PFI	Lifetime of PFI	Review and consider transfer to Place of Deposit	
Salaries paid to staff	Close of financial year	10 Years	Review and if no longer needed destroy	
Superannuation records	Close of financial year	10 Years	Review and if no longer needed destroy	

12. Legal, Complaints & Information Rights

Record Type	Retention Start	Retention Period	Action At End Of Retention Period	Notes
Complaints case file	Closure of incident (see Notes)	10 years	Review and if no longer needed destroy	 <p>National Archive sched_complaints.pdf</p> <p>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.</p>

Freedom of Information (FOI) requests and responses and any associated correspondence	Closure of FOI request	3 years	Review and if no longer needed destroy	Where redactions have been made it is important to keep a copy of the redacted disclosed documents or if not practical to keep a summary of the redactions.
FOI requests where there has been a subsequent appeal	Closure of appeal	6 years	Review and if no longer needed destroy	
Industrial relations including tribunal case records	Close of financial year	10 Years	Review and consider transfer to a Place of Deposit	Some organisations may record these as part of the staff record but in most cases they will form a distinct separate record either held by the staff member/manager or by the payroll team for processing.
Litigation records	Closure of case	10 years	Review and consider transfer to a Place of Deposit	
Patents / trademarks / copyright / intellectual property-	End of lifetime of patent or termination of licence/action	Lifetime of patent or 6 years from end of licence /action	Review and consider transfer to Place of Deposit	
Software licences	End of lifetime of software	Lifetime of software	Review and if no longer needed destroy	

Subject Access Requests (SAR) and disclosure correspondence	Closure of SAR	3 Years	Review and if no longer needed destroy	
Subject access requests where there has been a subsequent appeal	Closure of appeal	6 Years	Review and if no longer needed destroy	