



London Ambulance Service **NHS**  
NHS Trust

**Records Management Retention and Disposal 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:** Information Governance

**Author/Reviewer:** Information Governance Manager. To be reviewed by March 2021.

**Document Status:** Final

<b>Amendment History</b>			
Date	*Version	Author/Contributor	Amendment Details
15/05/18	1.3	IG Manager	Further minor changes relating to new Data Protection legislation
10/03/18	1.2	IG Manager	Review and minor amendments
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10/02/11	0.4	Head RM	

**\*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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<b>Links to Related documents or references providing additional information</b>		
<b>Ref. No.</b>	<b>Title</b>	<b>Version</b>
<b>TP029</b>	Records Management and Information Lifecycle Policy	
	Data Protection Act 2018	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

## 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 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 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 procedure 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 procedure. 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 procedure 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.

Ref. TP030	Title: Records Management Retention and Disposal Procedure	Page 4 of 12
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#### 4. Responsibilities

- 4.1 The **Chief Executive** has overall responsibility for ensuring that records are managed responsibly within the Trust.
- 4.2 The **Chief Information Officer** is the Senior Information Risk Owner (SIRO)
- 4.3 The **Director of Corporate Governance** has strategic responsibility for Information Governance including records management throughout the Trust.
- 4.4 The **Caldicott Guardian** is responsible for protecting the confidentiality of patient and service-user information and this procedure supports the Caldicott function.
- 4.5 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.
- 4.6 The **Information Governance Group (IGG)** will monitor the implementation of this procedure.
- 4.7 The **Executive Leadership** and **Heads of departments** are responsible for ensuring that the procedure is implemented in their directorates and individual departments. They will nominate **Information Asset Owners** (IAOs), who will, with the Information Governance Manager, review records/documents for further retention or destruction.
- 4.8 **Owners/Reviewers** are responsible for allocating retention periods and reviewing for the purposes of retention and disposal or archiving.

#### 5. Definitions

- 5.1 **Document**  
Recorded information, stored on any medium, which can be interpreted in an application context and treated as a unit.
- 5.2 **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'.
- 5.3 **Health Record** – *The Data Protection Act 2018 states that a Health Record means a record which:*

*(a) consists of data concerning health, and  
(b) has been made by or on behalf of a health professional in connection with the diagnosis, care or treatment of the individual to whom the data relates*

#### **5.4 Review**

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

#### **5.5 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:

- 6.1 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.
- 6.2 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. As a minimum records will be kept in accordance with IGA Records Management Code of Practice for Health and Social Care 2016 Section 4. Information shall be reviewed systematically and regularly in accordance with the Inventory/Retention schedules.
- 6.3 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.
- 6.4 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.
- 6.5 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/London Metropolitan Archive (LMA).

- 6.6 Records worthy of permanent preservation and mutually identified by the LAS and TNA shall be transferred to TNA/ London Metropolitan Archive.

## 7. Inventory/Retention Schedule

- 7.1 IAOs 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 Section 4 of the IGA Records Management Code of Practice for Health and Social Care 2016 which sets minimum retention standards:

Please refer to the IG Manager for guidance where the Code of Practice does not cover the category in question and note that Health records will be retained and disposed of in accordance with TP017 Procedure for the Management of Health Records.

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

Ref. TP030	Title: Records Management Retention and Disposal Procedure	Page 7 of 12
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Personal information: The length of time records, which contain personal information, should be kept relates to the requirements of Data Protection legislation and the Inventory/Retention schedule needs to be consistent with the principle 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 IAOs 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 IAOs 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 IAOs 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. IAOs 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 TP057 Waste Management Policy and TP047 Electronic Information Handling Procedure must be undertaken by the IAO.

## 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 /Retention Schedules 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 IAOs may need to archive on removeable media in which case TP047 Electronic Information Handling Procedure must be followed.

9.3 Records that have a retention period of 20 years or more may be worthy of permanent preservation and if mutually identified as such by the LAS and TNA/LMA shall be transferred to TNA or LMA.

<b>IMPLEMENTATION PLAN</b>				
<b>Intended Audience</b>	For all LAS staff			
<b>Dissemination</b>	Available to all staff on the Pulse			
<b>Communications</b>	Revised procedure to be announced in the RIB and a link provided to the document			
<b>Training</b>	Training will be provided to all IAAs.			
<b>Monitoring:</b>				
<b>Aspect to be monitored</b>	<b>Frequency of monitoring AND Tool used</b>	<b>Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported</b>	<b>Committee/ group responsible for monitoring outcomes/ recommendations</b>	<b>How learning will take place</b>
Progress with Inventory/ Retention Schedules in preparation for EDRM	Quarterly Report	IG Manager IGG	Risk Compliance and Assurance Group	Feedback on progress reports

### 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.

