South East Coast Ambulance Service NHS Foundation Trust

Records Management Policy

1. Introduction

1.1. Records Management is the process by which an organisation manages all the aspects of records whether internally or externally generated and in any format or media type, from their creation, all the way through to their lifecycle to their eventual disposal.

1.2. The NHSx Records Management Code of Practice 2021 published by NHS England - Transformation Directorate is a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice.

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

1.4. The Trust Board has adopted this records management policy and is committed to ongoing improvement of its records management functions as it believes that it will gain a number of organisational benefits from so doing.

1.5. These include:

- Better use of physical and server space
- Better use of staff time
- Improved control of valuable information resources
- Compliance with legislation and standards
- Reduced costs.

1.6. The Trust also believes that its internal management processes will be improved by the greater availability of information that will accrue by the recognition of records management as a designated corporate function.

2. Aims and Objectives

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

2.1.1. **Records are available when needed** – from which the Trust is able to for are construction of activities or events that have taken place;

2.1.2. **Records can be interpreted** - the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records;

2.1.3. **Records can be trusted** – the record reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated;

2.1.4. Records can be maintained through time – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format; **Records are secure** from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled and audit trails will track all use and changes.To ensure that records are held in a robust format which remains readable for as long as records are required;

2.1.5. Records are retained and disposed of appropriately - using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservation of records with archival value; and **Personnel are trained** - so that all staff are made aware of their responsibilities for record-keeping and record management.

3. Definitions

3.1. This policy relates to all clinical and non-clinical operational records held in any format (paper or electronic) by the Trust, including the use of MS Teams, instant messaging and meeting recordings.

3.2. These include:

- All administrative records (e.g. personnel, estates, contracts, financial and accounting records, notes associated with complaints); and All patient health records (for all specialties.)

- MS Teams: Instant Messaging and Meeting Recordings

- **Records Management** is a discipline which utilises an administrative system to direct and control the creation, version control, distribution, filing, retention, storage and disposal of records, in a way that is administratively and legally sound, whilst at the same time serving the operational needs of the Trust and preserving an appropriate historical record.

- The key components of records management are:

- Record creation

- Record keeping

- Record maintenance (including tracking of record movements); access and disclosure

- Closure and transfer

- Appraisal

3.3.   Archiving and disposal

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

3.3.2.   In this policy, **Records** are defined as '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'.**Information** is a corporate asset.

3.3.3.   The Trust's records are important sources of administrative, evidential and historical information.They are vital to the Trust to support its current and future operations (including meeting the requirements of Freedom of Information legislation and the completion of Data Subject Access requests for the purpose of accountability, and for an awareness and understanding of its history and procedures.

4.   Policy Statement

4.1.   This document sets out a framework within which the staff responsible for managing the Trust's records can develop specific policies and procedures to ensure that records aremanaged and controll controlled effectively, and at best value, commensurate with legal, operational and information needs.
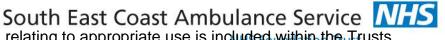
5.   Arrangements

5.1.   Legal and Professional Obligations

5.2.   All NHS records are Public Records under the Public Records Acts.

5.3.   The Trust will take actions as necessary to comply with the legal and professional obligatons set out in the NHSx Records Management Code of Practice 2021, published by NHS England – Transformation Directorate, In particular:

- Professional obligations The Public Records Act 1958;

- The Data Protection Act 2018;

- UK General Data Protection Regulation

- The Freedom of Information Act 2000;

- The Common Law Duty of Confidentiality; and

- The NHS Confidentiality Code of Practice

- Any new legislation affecting records management as it arises.

5.4.   Registration of Record Collections

5.5.   The Trust will establish and maintain mechanisms through which departments and other units can register the records they are maintaining.

5.6.   The inventory of record collections will facilitate:

- The classification of records into series

- The recording of the responsibility of individuals creating records.

- The register will be reviewed annually.

5.7.   Retention and Disposal Schedules

5.7.1.   It is a fundamental requirement that all of the Trust's records are retained for a minimum period of time for legal, operational, research and safety reasons. The length of time for retaining records will depend on the type of record and its importance to the Trust's business functions. The Trust has adopted the retention periods set out in the NHSx Records Management Code of Practice 2021. Retention times are as set out within this policy.

5.8.   MS Teams - Meeting Recordings and Instant Messaging

5.8.1.   The Trust utilises MS Teams which is widely used within the Trust as part of its business-as-usual activities. This platform allows for document sharing, online meetings, chat functionality, recording meetings and document storage. However, as an information system all users must ensure that they abide by good practice and data protection principles whilst sharing and processing data.

5.8.2. Further information relating to appropriate use is included within the Trusts Data Protection and Cyber Security Awareness training which must be completed by all staff on an annual basis.

5.9. Meeting Recordings

5.9.1. The meeting recording facility may be used within the Trust to accurately capture discussions. As such, prior to any recordings is best practice to:

5.9.2. Inform all attendees that the meeting is to be recorded

5.9.3. Seek their consent for the recording of the meeting

5.9.4. Explain the purposes for recording the meeting. For example, recordings to be used for accurate minute taking which when completed, will then be deleted.

5.9.5. If the recording is to be used for any other purpose then this must be clearly explained to all attendees.

5.9.6. Advise that the recording will be deleted following processing

5.10. Who has access to recordings / data?

5.10.1. The individual who commenced the recording is responsible for ensuring that the recording is deleted once the purpose of processing has taken place.

5.10.2. Access to recordings are accessible to all those who were included within the meeting 'group', not just those who attended the meeting.

5.10.3. Meeting recordings are a record, therefore the recording must not be used for any other purpose or further shared.

5.10.4. Do not forward on any recordings to other third parties without the explicit consent of all parties involved in the meeting.

5.11. Retention times – Meeting recordings

5.11.1. Meeting recordings are retained for a maximum of 60 days in line with general data retention period under MS Teams.

5.12. MS Teams – Instant Messaging

5.12.1. All information captured within the MS Teams chat function is disclosable under a Data Subject Access request. Caution should be observed when using this function for communication purposes and care must be taken to ensure that messages are appropriate, and professional.

5.13.1. Messages are retained for 7 years, unless an individual has left the organisation. Information will be retained within SECAmb on internal secure servers.
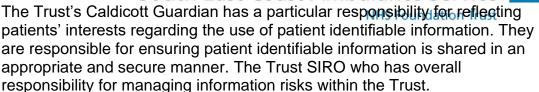
6. Equality Impact Appraisal

6.1. The Trust will carry out the Equality Impact Appraisal to ensure that there is no disadvantage caused to any group of staff working within or on behalf of the Trust. The Head of Information Governance / Information Governance Manager will ensure the Equality Impact Appraisal is undertaken by the author, which will consider users' needs and assess the impact on this policy. Where the Equality Impact Appraisal is not submitted with the document then the document will be returned to the author for this to be carried out and resubmitted. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those function.

7. Responsibilities

7.1. Chief Executive Officer

7.1.1. The Chief Executive Officer has overall responsibility for records management in the Trust. As the officer responsible for the management of the organisation they also have responsibility for ensuring that appropriate mechanisms are in place to support service delivery and continuity of services. Records management is key to this as it will ensure appropriate, accurate information is available as required.

7.1.2. The Trust has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

7.2. Caldicott Guardian and SIRO

7.2.1. The Trust's Caldicott Guardian has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate and secure manner. The Trust SIRO who has overall responsibility for managing information risks within the Trust.

7.3. Head of Information Governance / Information Governance Manager / IG Working Group.

7.3.1. The Trust's Information Governance Working Group (IGWG) is responsible for ensuring that this policy is implemented, and that the records management system and processes are developed, co-ordinated and monitored.

7.4. Health Records Manager

7.4.1. The Health Records Manager is responsible for the overall development and maintenance of health records management practices throughout the Trust, in particular for drawing up guidance for good records management practice and promoting compliance with this policy in such a way as to ensure the easy, appropriate and timely retrieval of patient information.

7.5. Local Managers

7.5.1. The responsibility for local records management is devolved to the relevant Directors, Directorate Managers and Department Managers. Heads of Departments, other units and business functions within the Trust have overall responsibility for the management of records generated by their activities, i.e. for ensuring that records controlled within their unit are managed in a way which meets the aims of the Trust's records management policies.

7.6. All Staff

7.6.1. All Trust staff, whether clinical or administrative, who create, receive and use records have records management responsibilities. In particular, all staff must ensure that they keep appropriate records of their work in the Trust and manage those records in keeping with this policy and with any guidance subsequently produced.

8. Competence

8.1. All Trust staff will be made aware of their responsibilities for record-keeping and record management through generic and specific training programmes and guidance.

8.2 The IGWG will oversee the use of this policy.The Head of Information Governance / Information Governance Manager will monitor compliance with this policy and raise any issues at the IGWG meetings. They will maintain a register of processing activites within an information asset register which will also include archived documents within the organisation.

8.3. Directorate heads / Information Asset Owners will monitor, within their area of responsibility, compliance of all documents created for use. They will ascertain that the documents are reviewed at the nominated time by the document author to ensure continuance of compliance.

9. Audit and Review

9.1. The Trust will undertake an audit of its records management practices for compliance with this framework.

9.2. The audit will:

- Identify areas of operation that are covered by the Trust's policies and identify which procedures and/or guidance should comply to the policy;

- Follow a mechanism for adapting the policy to cover missing areas if these are critical to the creation and use of records, and use a subsidiary development plan if there are major changes to be made; Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance; and Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.

9.3. The results of audits will be reported to the Trust Board.

9.4. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is

9.5. approved and disseminated.

9.6. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

9.7. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.This policy will be reviewed every two years (or sooner if new legislation, codes of practice or national standards are to be introduced).

10. Equality Analysis

10.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no- one.

10.2. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

10.3. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.

10.4. The information below is illustrated for rereence purposes only. The full code of practice must also be referred to when confirming retention times for records

CARE RECORDS

Record Type	Retention Period	Disposal Action	Notes
Adult health records not covered by any other section in this schedule (includes medical illustration records such as x-rays and scans as well as video and other formats. Also includes care plans)	8 years	Review and consider transfer to PoD	Records involving pioneering or innovative treatment may have archival value, and their long term preservation should be discussed with the local PoD or The National Archives. Also refer to Appendix III: ambulance service records.
Adult social care records (including care plans)	8 years	Review and destroy if no longer required	

Record Type	Retention Period	Disposal Action	Notes
Electronic Patient Record Systems (EPR)	Refer to notes	Review and destroy if no longer required	Where the system has the capacity to destroy records in line with the retention schedule, and where a metadata stub can remain, demonstrating the destruction, then the Code should be followed in the same way for digital as well as paper records with a log kept of destruction. If the EPR does not have this capacity, then once records reach the end of their retention period, they should be made inaccessible to system users upon decommissioning. The system (along with the audit trails) should be retained for the retention period of the last entry related to the schedule.
GP patient records - deceased patients	10 years	Review and destroy if no longer required	Confidentiality generally continues after death and records should be retained for medico-legal and possible public interest (for example, research) reasons. Review retention after 10 years when possible medico-legal reasons will lapse under requirements of the Limitation Act 1980. Destroy if the record holds no value for researchers. Also refer to Appendix III: GP records.

Record Type	Retention Period	Disposal Action	Notes
GP patient records – living patients	Continual retention		If the patient has not been seen for 10 years, or a request for transfer to a new GP has not been received, the GP practice should check the Personal Demographics Service (PDS) for indication of death or other reason for no contact. If there is no reason to suggest no contact, then the record must be kept by the GP practice. If they have died, or transferred to a new practice, transfer the record to NHSE or the new provider respectively. These records cannot be disposed of as they may require further services as they get older. Also refer to Appendix III: GP records

Record Type	Retention Period	Disposal Action	Notes
GP patient records – de-registered cases where the reason is unknown	100 years	Review and dispose of if no longer required	These are cases where the patient has de-registered from the practice, but the reason is unknown. It would be good practice for GPs to check if there is a reason for de-registration (death, missed registration at another practice, emigration etc.). It is not suggested that a retrospective check be carried out, but it would be good practice going forward to conduct a check for these cases. Once checked under General Medical Services (GMS) regulations, records should be sent to NHSE via Primary Care Support England (PCSE) operational processes. Also refer to Appendix III: GP records

Record Type	Retention Period	Disposal Action	Notes
Integrated records – all organisations keep their own records, but enable them to be viewed by other organisations	Retain for relevant specialty period	Review and consider transfer to PoD	This is the most likely model currently in use. Organisations keep their own records on their patients or service users but can grant 'view only' access to other organisations, to help them provide health and care to patients or service users.
Mental health records including psychology records	20 years, or 10 years after death	Review and consider transfer to PoD	Covers records made under the Mental Health Act (MHA) 1983 (and 2007 amendments). Records retained solely for any person who has been sectioned under MHA1983 must be considered for longer than 20 years where the case is ongoing, or the potential for recurrence is high (based on local clinical judgment). This applies to records of patients or service users, regardless of whether they have capacity or not.
Obstetrics, maternity, antenatal and postnatal records	25 years	Review and destroy if no longer required	For record keeping purposes, these are considered to be as much the child's record as the parent, so the longer retention period should be considered.

Record Type	Retention Period	Disposal Action	Notes
GP patient registrations form	6 years after the year of registration	Review and dispose of if no longer required	These need to be kept for 6 years as GP per capita payments are made based on registered patient numbers. Most GP practices scan the form into the patient's electronic record once it is created. The paper form can be destroyed securely once the minimum retention period has been reached, unless there is another reason to keep the form longer (this would be identified at the review stage).
Integrated records – all organisations contribute to the same single instance of the record	Retain for period of longest specialty	Review and consider transfer to PoD	The retention time will vary depending upon which type of health and care settings have contributed to the record. Areas that use this model must have a way of identifying the longest retention period applicable to the record.
Integrated records – all organisations contribute to the same record, but keep a level of separation (refer to notes)	Retain for relevant specialty period	Review and consider transfer to PoD	This is where all organisations contribute into the same record system but have their own area to contribute to and the system still shows a contemporaneous view of the patient record.

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TELEPHONY SYSTEMS AND SERVICES

This is related to 111 or 999 phone calls or services, Ambulance, out of hours, and single point of contact call centres.

Record Type	Retention Period	Disposal Action	Notes
Recorded conversations – which may be needed later for clinical negligence or other legal purposes*	6 years	Review and destroy if no longer required	Retention period runs from the date of the call and is intended to cover the Limitation Act 1980. Further guidance is issued by NHS Resolution.
Recorded conversations – which form part of the health record*	Treat as a health record	Review and destroy if no longer required	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 record*	1 year	Review and destroy if no longer required	This is the minimum specified to meet NHS contractual requirements.

CLINICAL TRIALS AND RESEARCH

Record Type	Retention Period	Disposal Action	Notes
Advanced medical therapy research - master file	20 years	Review and consider transfer to PoD	
Clinical trials – applications for ethical approval	5 years	Review and consider transfer to PoD	Master file of a trial authorised under the European portal, under Regulation 536/2014. For clinical trials records retention refer to the MHRA guidance. The sponsor of the study will be the primary holder of the study file and associated data. This is based on the Medicines for Human Use (Clinical Trials) Amendment Regulations 2006 (specifically Regulations 18 and 28).
European Commission Authorisation (certificate or letter) to enable marketing and sale within EU member state's area	15 years	Review and consider transfer to PoD	
Research - datasets	No longer than 20 years	Review and consider transfer to PoD	

Record Type	Retention Period	Disposal Action	Notes
Research – ethics committee's and HRA approval documentation for research proposal and records to process patient information without consent	5 years	Review and consider transfer to PoD	This applies to trials where opinions are given to proceed with the trial, or not to proceed. These may also have archival value.
Research – ethics committee's minutes (including records to process patient information without consent)	20 years	Review and consider transfer to PoD	Retention period begins from the year to which they relate and can be as long as 20 years. Committee minutes must be transferred to PoD.

Record Type	Retention Period	Disposal Action	Notes
Duty roster	6 years	Review and if no longer needed destroy	Retention begins from the close of the financial year.
Exposure monitoring information	40 years or 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	Keep until 75th birthday or 6 years after the staff member leaves whichever is sooner	Review and if no longer needed destroy	
Occupational health report of staff member under health surveillance	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	50 years from the date of the last entry or until 75th birthday, whichever is longer	Review and if no longer needed destroy	

Record Type	Retention Period	Disposal Action	Notes
Staff record	Keep until 75th birthday (see notes)	Review, and consider transfer to PoD	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. Some PoDs accession NHS staff records for social history purposes. Check with your local PoD about possible accession. If the PoD does not accession them, then the records can be securely destroyed once the retention period has been reached.
Staff record - summary	75th Birthday	Review, and consider transfer to PoD	Please see the good practice box staff record summary used by an organisation. Some organisations create summaries after a period of time since the staff member left (usually 6 years). This practice is ok to continue if this is what currently occurs. The summary, however, needs to be kept until the staff member's 75th birthday, and then consider transferring to PoD. If the PoD does not require them, then they can be securely destroyed at this point.

Record Type	Retention Period	Disposal Action	Notes
Timesheets (original record)	2 years	Review and if no longer needed destroy	Retention begins from creation.
Staff training records	See notes	Review and consider transfer to a PoD	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 following is recommended: **clinical training records** - to be retained until 75th birthday or six years after the staff member leaves, whichever is the longer **statutory and mandatory training records** - to be kept for ten years after training completed **other training records** - keep for six years after training completed
Disciplinary records	Retain for 6 years	Review and destroy if no longer required	Retention begins once the case is heard and any appeal process completed. The record may be retained for longer, but this will be a local decision based on the facts of the case. The more serious the case, the more likely it will attract a longer retention period. Likewise, a one-off incident may need to only be kept for the minimum time stated. This applies to all cases, regardless of format.

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LEGAL, COMPLAINTS AND INFORMATION RIGHTS

Record Type	Retention Period	Disposal Action	Notes
Complaints – case files	10 years	Review and destroy if no longer required	Retention begins at the CLOSURE of the complaint. The complaint is not closed until all processes (including potential and actual litigation) have ended. The detailed complaint file must be kept separately from the patient file (if the complaint is raised by a patient or in relation to). Complaints files must always be separate. (Also refer to Appendix III: complaints records)
Fraud – case files	6 years	Review and destroy if no longer required	Retention begins at the CLOSURE of the case. This also includes cases that are both proven and unproven.
Freedom of Information (FOI) requests, responses to the request and associated correspondence	3 years	Review and destroy if no longer required	Retention begins from the CLOSURE of the FOI request. Where redactions have been made, it is important to keep a copy of the response and send to the requestor. In all cases, a log must be kept of requests and the response sent.
FOI requests – where there has been an appeal	6 years	Review and destroy if no longer required	Retention begins from the CLOSURE of the appeal process.

Record Type	Retention Period	Disposal Action	Notes
Industrial relations – including tribunal case records	10 years	Review and consider transfer to PoD	Retention begins at the CLOSE of the financial year to which it relates. Some organisations may record these as part of the staff record, but in most cases, they should form a distinctive separate record (like complaints files).
Litigation records	10 years	Review and consider transfer to PoD	Retention begins at the CLOSURE of the case. Litigation cases of significant or major issues (or with significant, major outcomes) should be considered for transfer. Minor cases should not be considered for transfer. If in doubt, consult with the PoD.
Intel patents, trademarks, copyright, IP	Lifetime of patent, or 6 years from end of licence or action	Review and consider transfer to PoD	Retention begins at the END of lifetime or patent, or TERMINATION of licence or action.
Software licences	Lifetime of software	Review and destroy if no longer required	Retention begins at the END of lifetime of software.
Subject Access Requests (SAR), response, and subsequent correspondence	3 years	Review and destroy if no longer required	Retention begins at the CLOSURE of the SAR.
SAR – where there has been an appeal	6 years	Review and destroy if no longer required	Retention begins at CLOSURE of appeal.

NHSx Records Management Code of Practice 2021

Full document can be found [here](#)