Hospice at Home
Carlisle and North Lakeland

APPRAISAL, DISPOSAL AND DESTRUCTION OF RECORDS PROCEDURE

Document Summary

To ensure that the arrangements for the appraisal, disposal and destruction of clinical records are carried out in line with statutory requirements and the record management code of practice.

This is the final version of this document and all other versions must be destroyed.

Policy Category	Information Governance
Document Number	POL/IG/03
Date Ratified	29th September 2015
Date Implemented	29th September 2015
Next Review Date	March 2018
Accountable Individual	Chief Executive
Policy Author/ Authors	Chief Executive
Policy Source (s)	NHS Policy

TABLE OF CONTENTS

1. SCOPE

This procedure sets out the framework to ensure that the appraisal, disposal and destruction of clinical records held within Hospice at Home Carlisle and North Lakeland (Hospice at Home) is managed in accordance with Records Management NHS Code of Practice, the Public Records Act 1958, and the 'Freedom of Information Act 2000'.

The destruction of records is an irreversible act but the physical space required make the retention of all records an impractical option. It is therefore essential that all records be reviewed to ensure that those records, which are required for medical or legal purposes, are not inadvertently destroyed.

Disposal is the term used to cover the final action taken on records. This will be either destruction or transfer to archival storage. The disposal action is determined by the appraisal process and decision.

Currently the guidance is unclear what should happen with electronic records as audit trails are not easily detachable from the actual record. Audit trails of electronic systems should be retained indefinitely. This procedure relates to the retention, destruction, and disposal of the physical paper records.

2. INTRODUCTION

Hospice at Home has a duty under the Public Records Act 1958 to arrange for the safekeeping and eventual disposal of all types of records. In addition, there is a responsibility under the Data Protection Act 1998 Principle 5 for records not to be kept for longer than is required. They also require robust records management procedures to meet the requirements set out under s46 (i) of the Freedom of Information Act 2000.

Hospice at Home is required to have a comprehensive system to direct and control the creation, version control, completion, use, distribution, filing, retrieval, retention, storage, audit, and disposal of health records, in a way that is administratively and legally sound, whilst at the same time serving the operational needs of the health care professional to extract relevant information easily.

Clinical records contain sensitive or confidential patient related information. Confidentiality is to be safeguarded at every stage within the lifecycle of the record from creation to destruction. The method used to destroy records is to be effective and secure their complete illegibility. It is essential for all records to be reviewed at specific times within the lifecycle to ensure that those records required for medical, business or other legal purposes, are not inadvertently destroyed or disposed of.

3. STATEMENT OF INTENT

Hospice at Home will follow the minimum retention period outlined in **Appendix 1**. It is in the intention of Hospice at Home that all documents/information not in active use and not marked for permanent preservation and retention will be stored at least until the end of the minimum retention period.

Records, which are at the end of their minimum retention period, will be appraised for disposal. Disposal will consist of the record being removed for permanent preservation or the record being deemed fit for permanent destruction.

This procedure will be subject to an annual audit and the outcomes reported to the Assurance Group.

4. DEFINITIONS

4.1 Record

A record is any information recorded within a structured format, in any form, created or received, controlled and maintained by Hospice at Home in the transaction of its business or conduct of affairs and is kept as evidence of such activity. All records are public records under the terms of the Public Records Acts 1958 and 1967.

4.2 Health Record

Health records are a subset of all records created and received by Hospice at Home. A single record with a unique identifier containing information relating to the physical or mental health of a given patient who can be identified from that information and which has been recorded by, or on behalf of, a health professional, in connection with the care of that patient. This may comprise text, sound, image, and/or paper and must contain sufficient information to support the diagnosis, justify the treatment, and facilitate the ongoing care of the patient to whom it refers.

4.3 Primary Health Record

Where records are held in more than one format, the primary record is classified as that which holds the contemporaneous record of activity/record of care. The primary health record ***may*** contain original/digital signatures, clinical endorsements, decisions, rationale, risk assessments and outcomes, care plans, medication, investigations, tests, procedures performed, consent, clinical and administrative alerts, demographic information, communications, contacts, records of care and alterations, patient capacity, legal and statutory status, carer and third party information, etc.

All additional health records that are not identified as the primary health record should be viewed as "uncontrollable" and, as such, may not necessarily contain the latest updates and amendments.

4.4 Patient Document

Part of the clinical data held for individual patients. Patient documents contribute to the patient record and come in various media types, i.e. paper records, x-rays, videos, CDs etc.

4.5 Financial Documents

Records held by Hospice at Home which include annual financial statements, budgets, and monthly accounts.

5. DUTIES

5.1 Chief Executive

The Chief Executive has overall responsibility for ensuring that records are maintained at all times. The Service Information Risk Owner has the responsibility for health records management and will also authorise destruction of records.

5.2 Caldicott Guardian

The Caldicott Guardian has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information, and has responsibility for ensuring patient identifiable information is shared in an appropriate and secure manner.

5.3 The Assurance Group

The Assurance Group has the responsibility to monitor;

- The implementation of actions arising from the implementation of this procedure;
- Reviewing and approving changes to the procedure as and when necessary;
- Reviewing and approving any action plans that arise from the implementation of or changes to this procedure;
- Agreeing audit schedules and collating reports of audits undertaken against this procedure.

5.4 Line Managers

Line Managers are responsible for ensuring that:

- They and their staff (including new staff) are aware of this procedure;

- They and their staff understand what is required of them in relation to the content of this procedure;
- They and their staff attend training or learning events necessary for implementation of practice associated with this procedure;
- They and their staff undertake their role in line with approved procedural documents.

5.5 All Staff

All staff are responsible for ensuring that they:

- Are familiar with this procedure;
- Know where to locate them, i.e. Intranet;
- Keep up to date when any changes are made;
- Attend training or learning events necessary for the implementation of practice associated with this procedure;
- Comply with the practices identified within this procedure.

6. APPRAISAL, DISPOSAL, AND DESTRUCTION OF HEALTH RECORDS PROCEDURES

6.1 Appraisal

The process to appraise a record begins with validating the timeframe against the retention period to calculate if the record is suitable for destruction.

The content of the health record is to be checked to ensure that the date of last attendance is correct. Any reference to “conclusion of treatment” should be taken to include all follow-up checks and action in connection with the treatment.

All health records identified for disposal will be checked against electronic health record systems and the relevant tracking systems, where appropriate, by another member of staff to ensure there are no current episodes of care in progress and that the year of the last attendance is correct. If it is found to be incorrect the year of last attendance on the health records will be amended and returned to archive in line with procedure documented in separate policy on retention and archive.

6.2 Disposal

An inventory of all records that have been destroyed will be maintained. This inventory will record details of what has been disposed of.

Once the inventory has been fully updated, those records identified for destruction will be placed in confidential waste containers to await destruction.

The Chief Executive will then authorise destruction of the records by an approved contractor. This will be carried out under secure conditions and a certificate of destruction will be issued to Hospice at Home. The Chief Executive will ensure that this contractor meets the IG requirements laid out in the IG Toolkit.

When the health records have been crosschecked against electronic health records systems and thereby verified for destruction, the electronic health records systems, where appropriate, should be updated to indicate that the paper records have been disposed of.

6.3 Permanent Preservation

The identification of clinical records for permanent preservation and retention of clinical records beyond the minimum retention period is the responsibility of the individual clinician in charge of the care for the patient, following discussion with either the Caldicott Guardian and/or Chief Executive.

The decision for the retention of documents/information will be recorded on a standard form “Retention of Documents past Schedule” (form) which includes implications of both retaining and destroying that information. The form must be filed and retained within the health record.

6.4 Incidents

The destruction or permanent loss of any document/information that occurs requires the completion of a Hospice at Home Incident Form.

7. TRAINING

Training relating to records management will be provided as appropriate.

8. MONITORING COMPLIANCE WITH THIS PROCEDURE

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Committee which will receive the findings/monitoring report
Retention, disposal and destruction is taking place in line with the record retention periods for the specific record types	Audit of record types, retention periods, disposal and destruction inventories/certificates	Clinical Lead & Quality Facilitator	Annually	Assurance Group

9. REFERENCES / BIBLIOGRAPHY

Data Protection Act 1998

Confidentiality: NHS Code of Practice 2003

Records Management: NHS Code of Practice 2006 (Part 1) & 2009 (Part 2)

Information Security Management: NHS Code of Practice 2007

NHS Information Governance Guidance for Classification Marking of NHS Information 2009

NHS Institute for Innovation and Improvement: Electronic Patient Record (EPR)

NHS Connecting for Health: Personal Demographics Service (PDS)
NHS Number

Information Governance Toolkit

APPENDIX 1

Hospice at Home Carlisle and North Lakeland

DISPOSAL OF RECORDS – CLINICAL			
ITEM	**MINIMUM RETENTION PERIOD**	**ACTION**	**H@H**
Clinical Audit records	5 years	Destroy under confidential conditions	√
Counselling Records	30 years	See note 1	√
Diaries – used by Clinical Staff	2 years after end of year to which diary relates. Patient relevant information should be transferred to the patient record	Destroy under confidential conditions	√
Scanned records relating to patient care	As above	As above	√
DISPOSAL OF RECORDS – ADMIN & FINANCIAL			
ITEM	**MINIMUM RETENTION PERIOD**	**ACTION**	**H@H**
Agendas (other than master copies of board meetings, committees, sub-committees)	2 years	Destroy under confidential conditions	√
Annual/Corporate reports	3 years	As above	√
Business plans, including local delivery plans	10 years	As above	√
Complaints (correspondence, investigation and outcomes)	10 years from completion of action	As above	√
Diaries (office)	1 year after the end of the calendar year to which they refer	As above	√

Timesheets	1 year after the end of the calendar year to which they refer	As above	√
Health and safety documentation	3 years	As above	√
Incident/Accident forms	8 years	As above	√
Meetings and minutes papers (other, including reference copies of major committees)	2 years	As above	√
Papers of minor or short-lived importance not covered elsewhere e.g. advertising matters, covering letters, reminders, letters making appointments, anonymous/unintelligible letters, drafts, duplication of documents known to be preserved elsewhere (unless they have important minutes on them), indices and registers compiled for temporary purposes, routine reports, punched cards, other documents that have ceased to be of value o settlement of the matter involved	2 years after the settlement of the matter to which they relate	As above	√
Requisitions	18 months	As above	√
Statistics – MDS	3 years from date of submission	Destroy	√
Manuals (operating)	Lifetime of equipment	Review if issues (eg HSE) are outstanding	√
Accounts – minor records (pass books, paying in slips, cheque counterfoils, accounts of petty cash expenditure, travel and subsistence accounts, minor vouchers, duplicate receipt books, income records	2 years from completion of audit	Destroy under confidential conditions	√
Credit Card details	Nil	As above	√
Advice notes – Payments	1.5 years	As above	√
Audit records – original documents	2 years from completion of audit	As above	√
Bank statements	7 years from completion of audit	As above	√

Budgets – including working papers, reports and journals	2 years from completion of audit	As above	√
Expense claims, including travel and subsistence claims and claims and authorisations	5 years after end of financial year to which they relate	As above	√
Invoices	7 years after end of financial year to which they relate	As above	√
Wages/salary records	10 years after termination of employment	As above	√
Duty rotas	2 years	As above	√
Job advertisements	1 year	Destroy	√
Job applications – successful	3 years following termination of employment	Destroy under confidential conditions	√
Job applications – unsuccessful	3 years following termination of employment	As above	√
Job descriptions	3 years	As above	√
Letters of appointment	6 years after employment has terminated	As above	√
Personnel records (major) – personal files, letters of appointment, contracts, references and related correspondence, registration authority forms, training records	6 years after individual leave service, at which time a summary of the file must be kept until the individual's 70th birthday		√
Personnel records (minor) – attendance books, annual leave records, duty rotas, timesheets	2 years	Destroy under confidential conditions	√
Study leave applications	5 years	As above	√
Training plans	2 years	As above	√
Delivery notes	2 years after end of financial year to which they relate	As above	√