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**GUIDELINES ON
RECORD RETENTION
PERIODS AND
ISSUES IN
RECORDS MANAGEMENT
FOR
HEALTH BOARDS**



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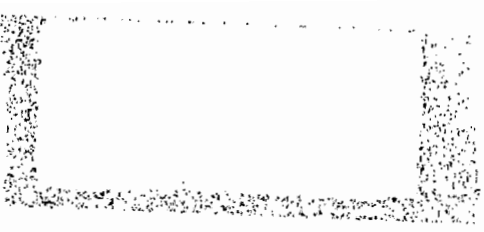
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RECORDS MANAGEMENT SUB-GROUP

AUGUST 19 1998

INTRO ,CONTENTS, OTHER TEXT TO FOLLOW



RECORD TYPE

RECOMMENDED RETENTION PERIOD

RECORD TYPE	RECOMMENDED RETENTION PERIOD
PERSONAL HEALTH RECORDS	
Hospital Chart	If under investigation or if litigation is likely hold in original form indefinitely, <i>Otherwise:</i>
Adult	Hold in original form for 8 years after last contact and then either transfer to off site storage indefinitely or have some form of information technology applied e.g. (microfilm or scan etc.) and hold in this form indefinitely and destroy the original
Children	Hold in original form until patients' 26 th birthday and then either transfer to off site storage indefinitely or have some form of information technology applied, e.g. (microfilm or scan, etc.) and hold in this form indefinitely and destroy original
Deceased clients	Hold in original form for 1 year after death and then either transfer to off site storage or have some form of information technology applied e.g. microfilm or scan for indefinite retention and destroy the original
Records of mentally ill clients	Hold in original form for 8 years after last contact and then either transfer to off site storage indefinitely or have some form of information technology applied, e.g. microfilm or scan, etc. and hold in this form indefinitely and destroy original.
X-Ray Film	
Adult	Hold in original form for 8 years after last contact and then destroy, provided x-ray report available
Children	Hold in original form until patients' 26 th birthday and then destroy, provided x-ray report available.
X-Ray Report	
Adult	Hold in original form for 8 years after last contact and then either transfer to off site storage indefinitely or have some form of information technology applied, e.g. microfilm or scan, etc. and hold in this form indefinitely and destroy the original
Children	Hold in original form until patient's 26 th birthday and then either transfer to off site storage indefinitely or have some form of information technology applied e.g. microfilm or scan, etc. and hold in this form indefinitely and destroy.
Deceased clients	Hold original form for 1 year after death and then either transfer to off site storage or have some form of information technology applied, e.g. microfilm or scan etc. and destroy original.
Pathology Records	If electronic records are available it is sufficient to hold records in one form only, i.e. either hard copy on the chart or on electronically assuming proper back-up techniques are used. Apply retention periods as for chart
Accident and Emergency Records	Apply retention periods as for chart
Allied Health Professional Records	Apply retention periods as for chart
▪ Dietetics	Apply retention periods as for chart
▪ Environmental Health	Apply retention periods as for chart
▪ Occupational Therapy	Apply retention periods as for chart
▪ Physiotherapy	Apply retention periods as for chart
▪ Psychology	Apply retention periods as for chart
▪ Social Work	Apply retention periods as for chart
▪ Chiropody	
▪ Speech and Language Therapy	Apply retention periods as for chart
Dental Records	Apply retention periods as for chart
Charts	
Adults	Hold in original form for 8 years after last contact and then either transfer to off site storage indefinitely or have some form of information technology applied e.g. (microfilm or scan etc.) and hold in this form indefinitely and destroy the original
Children	Hold in original form until patients' 26 th birthday and then either transfer to off site storage indefinitely or have some form of information technology applied, e.g. (microfilm or scan, etc.) and hold in this form indefinitely and destroy original
Deceased	Hold in original form for 1 year after death and then either transfer to off site storage or have some form of information technology applied e.g. microfilm or scan for indefinite retention, etc. and destroy the original
X-Ray Film- Dental	
Adult	Hold in original form for 8 years after last contact and then destroy provided x-ray report available.
Children	Hold in original form until patients' 26 th birthday and then destroy provided x-ray report available.
X-Ray Report - Dental	
Adult	Hold in original form for 8 years after last contact and then either transfer to off site

	storage indefinitely or have some form of information technology applied, e.g. microfilm or scan, etc. and hold in this form indefinitely and destroy the original
Children	Hold in original form until patient's 26 th birthday and then either transfer to off site storage indefinitely or have some form of information technology applied e.g. microfilm or scan, etc. and hold in this form indefinitely and destroy original
Deceased clients	Hold original form for 1 year after death and then either transfer to off site storage or have some form of information technology applied, e.g. microfilm or scan etc. and destroy the original
Welfare Records	
<i>Applications for Allowances</i>	Hold for 3 years after last contact and file summary with medical evaluation.
<i>Means Assessment</i>	Hold until superseded or 3 years or 1 year after audit whichever the later.
<i>Medical Evaluations</i>	Hold for 8 years after last contact and apply technology or move to off site storage and hold indefinitely.

Record	Retention Period
<p>PERSONNEL FILES Applications & Curriculum Vitae of candidates who are offered and take up a post.</p> <ul style="list-style-type: none"> - Employment Records - Acceptance of office - Job specification - Offer of employment - Probation acceptance - Calculations relating to incremental credit - Credit and point on scale at appointment - Sick Leave Record - Training Record - Resignation Record - Retirement Letter 	<p>Active through employment period. Transfer to superannuation file if staff member is retiring. If staff member is leaving service then hold until after audit. Apply technology, destroy physical file and hold I.T. record indefinitely or file off site.</p>
<p>Personnel - Leave Records</p> <ul style="list-style-type: none"> - annual leave applications - sick leave record including certificates - career break applications & correspondence - special leave - jury service leave - compassionate leave letters <p>Discipline records and letters</p> <p><u>Performance appraisal increment document</u></p> <p><u>Superannuation files</u></p>	<p>In the case of annual leave transfer any outstanding balance to new annual leave sheet. Hold each years records for one year or until after audit and the destroy.</p> <p>Hold as for personnel file.</p> <p>As a general rule hold on file indefinitely. Where disciplinary policy provides for removal from file then destroy after manager's approval.</p> <p>Retention subject to disciplinary policy of Board or hold to resignation/retirement for 1 year afterwards in original form then apply technology or transfer to off-site storage and destroy original</p> <p>Retain until pensioner and dependent spouse is deceased and dependent children are finished in full time education. Hold for further period having regard to audit and statute of limitations in the event of a request for a review and then destroy.</p>

Record	Recommended Retention Period
<p>PERSONNEL - Recruitment</p> <ul style="list-style-type: none"> - Unsolicited applications for jobs <p>Applications for a vacant post</p> <ul style="list-style-type: none"> - Candidates not shortlisted - Candidates shortlisted but not successful - Shortlisting criteria <p><u>General Job Description File</u></p> <p>It is recommended that the job description be filed on the personal file of the successful applicant.</p> <p>Competition Files</p> <ul style="list-style-type: none"> - Vacancy notification - advert copies - job description - Applications & Curriculum Vitae of candidates who are called for interview. - Selection criteria - Interview board marking sheet - Panel recommendation by I/Board. 	<p>Hold for 1 year and then destroy</p> <p>Hold for 1 year after audit and then destroy</p> <p>Hold for a minimum of one year after audit or three years after panel is expired, whichever the later.</p>

<p>Training Files</p> <ul style="list-style-type: none"> - general e.g. C.N.E. training, management training, health & safety training. Formal qualifications etc. - application for courses and sponsorship - details of training courses - course criteria - qualification criteria - training applications/successful sponsorship, qualification attained. <p>I.R. & Staff Relations Records</p> <ul style="list-style-type: none"> - Agreements (Pay) (Other) - Leave Policy & Legislation - Employment Policy & Legislation - Training Policy & Legislation - Surveys/Reports - Correspondence from & to Unions - Individual Industrial Relations Issues - Minutes of meetings <p>Occupational Health</p>	<p>Hold until superseded or for 5 years for reference purposes and then destroy</p> <p>Hold indefinitely on personal file.</p> <p>Hold indefinitely with option to apply technology (destroy hard copy) or off site filing.</p> <p>Hold until staff member leaves/retires having regard to audit requirements after that date. Apply technology or file off-site and hold indefinitely.</p>
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ISSUES IN RECORDS MANAGEMENT

1.1 INTRODUCTION

The Records Management sub-group looked at the wider issue of record management, both in the context of the Freedom of Information Act and the continuing need for good practice guidelines.

It quickly became apparent to the sub-group that the topic was too wide to deal with comprehensively in the time, and with the resources, available. The topic ranges from record management, file management to electronic document management and archiving policy.

In this part of the report, therefore, the sub-group identifies what it considers to be the main issues in records management and recommends some basic principles of good records management.

1.2 ENVIRONMENT

The present environment of the Health Boards may be characterised as being:-

- heavily paper dependant necessitating a good system for hard copy but also a requirement to identify areas in which document technology would deliver benefits;
- comprised of a diversity of manual and software systems for records leading to problems in integration and maintenance;
- subject to increasing regulation, notably the Freedom of Information Act, the Data Protection Act, Prompt Payment of Accounts Act, and demands arising from legal discovery of documents;
- hampered by the absence of complete procedures for managing records in many areas;
- prone to high public profile – legal discovery of documents;
- composed of distinct divisions which hampers the sharing of records/data or co-operation in developing filing and records systems;
- hampered by a relative lack of external advice and support leading to attempts to cover all aspects of records management from inside resources and with limited knowledge of the subject.

1.3 RECORD MANAGEMENT STRATEGY

The sub-group recommends that the Boards adopt a Records Management Strategy, the objectives of which should be to:

- reduce administrative overheads;
- encourage greater use of information technology;
- maximise the information value of records by widening access;
- create standardised approaches to the management of records without centralisation or excessive top-down control;
- ensure that Boards can meet their legal/regulatory obligations.

1.4 ACHIEVING THE OBJECTIVES - THE STRATEGY

In order to achieve the objectives outlined above, the Boards must:

- commit to the principle that records management is a key factor in the delivery of the boards service and the protection of its corporate interests
- create an internal focus for records management while maximising the use of any available external records expertise or facilities.
- develop a culture in which more work is carried out by electronic means while ensuring that critical evidential documents are available in hard copy. This means that procedures must deal with multi-format and multi-media records.
- put in place the key procedures and facilities set out below before proceeding to introduce any advanced technology for document management.
- relate its document systems as closely as possible to its functional and operational activities rather than to organisational hierarchy. The sharing of information means the sharing of records and changing responsibilities and functions have major affects on their management.
- develop its in-house information services (Library/Records management/FOI Office/IT and Information and Data Management in a co-ordinated co-operative manner). The co-ordinated development of records and data strategy is particularly important both on account of the role of records as conveyors and preserver of data and the fact that databases themselves are records.

1.5 POLICY DOCUMENT

Each Board should adopt a policy which will cover the areas of record retention, storage, referencing, recording, security, which are compliant with national legislation, national standards and directives, and in accordance with up to date good practice.

1.6 ORGANISATION AND RESPONSIBILITY

Responsibility for functional records on day-to-day basis lies with Heads of Services. However, each board should assign or appoint an officer to develop a record management programme, to plan and implement future enhancements and additions, monitor the procedures and arrange for appropriate staff training.

1.7 PROCEDURES

Each board should, either in co-operation with other Boards or independently, draw up procedures covering the following areas:

Classification
Copying
Disposal
Disposal of Archives
Document Control System
Document Creation
Document Forms
File Opening/Closing

Filing Order of Documents and Files
Filing Procedures
Referencing
Retention
System of Registering Files/Documents in a database
Titling/Dating
Transfer
Version Control

These procedures must apply equally to electronic as well as hard copy documents.

1.8 SCOPE AND STRUCTURE OF FILING/RECORD SYSTEMS

Each Board should adopt a standard policy of categorisation of record categories. A service may elect to have a central file location for all users or to have filing cabinets in individual offices relevant only to the occupants thereof. However, all files regarded as being part of the Board's official record must be maintained under Board procedures.

Records should be categorised as follows:-

- a) Policies
- b) Strategies for Implementation of Policies
- c) Client/Patient Files
- d) Financial Records
- e) General Administration
- f) Miscellaneous

Policy files should be very limited in both number and content and restricted to genuinely 'policy' documents.

Transactional files are the record of the day-to-day activity and will form the major bulk of the records. They should be made up on the basis of one file per transaction and should be titled by the transaction itself (e.g. Closure of Ward). Subject arrangements are **not** suitable for transactional files.

Pqs and Representations form a category in themselves and should be maintained as a separate series.

1.9 CLASSIFICATION

There should be a single file classification procedure within each service and this procedure should be similar across services.

Each Service should title its files in accordance with the Board's procedure and keep them in the appropriate sequence.

1.10 SECURITY

Each Board should develop security procedures to ensure that:

- (a) Confidential information is viewed only by those persons whose duty it is to do so;
- (b) Records and files are transported in a manner which will provide accurate tracking information and prevent accidental disclosure of confidential information in transit;
- (c) Proper security measures are used in electronic databases i.e. password protection etc.

Clear procedures should be circulated about locking offices, cabinets and clearing desks, logging off systems etc.

1.11 STRATEGY AUDIT

An audit checklist should be drawn up by each board to ensure that all the parts of the strategy and associated procedures are being carried out.

1.12 ELECTRONIC DOCUMENTS

When Boards have put the procedures above in place, they should move towards the greater use of electronic methods of document creation and greater use of imaging techniques for received documentation. This approach will ensure greater integration and enhanced accessibility and will gradually reduce the dependence on paper, though the latter medium is seen as one in which the Board will continue to maintain key records for legal or operational purposes.

The above developments must be consistent with the Boards IT Strategy and network developments.

1.3 CONCLUSION

Many organisations lack effective mechanisms for handling their records. This has resulted in significant amounts of information either not being correctly filed or being recorded in unmanaged files. Active management of such information is necessary to, among other things, meet in an efficient manner, the requirements of the Freedom of Information Act.

