

Policy For

Health Boards

On

Record Retention Periods

Including
Outline of Issues in Records Management

**National Freedom of Information
Liaison Group (Health Boards) October 1999**

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ACKNOWLEDGEMENTS

The authors - The National FOI Group for Health Boards wish to express their gratitude to all those individuals involved in or concerned with the creation and use of healthcare records whose knowledge and advice were essential in compiling this document. Particular thanks to the FOI support staff of the individual Health Boards for their assistance during the research of this policy document.

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1. INTRODUCTION

1.1 General

The Health service is a record intensive service. Annually there are many thousands of contacts between members of the public and health service professionals, across a wide range of services. Consequently a huge amount of records are produced arising from its internal operations and external business and service contacts.

Prior to the widespread availability of Information Technology (I.T.) these records were generally all paper based. Even though technology is now in common use there has been a tendency in many areas to retain both the traditional hard copy paper record and the I.T. based record. To date there have not been guidelines for health service agencies to refer to in relation to records retention. Consequently retention arrangements varied from holding records indefinitely to destruction after a certain period had elapsed since the patient/clients last contact, to applying microfilm, other technologies, secondary on-site storage or indeed off-site storage.

This policy sets out the minimum periods for which records should be retained.

Where there are local considerations or where resources allow, records may be retained in their original format or alternatively stored for periods in excess of the minimum recommended.

This policy does not take into account every category of record held by Health Service agencies. The categories of records referred to in this document are as follows:

- Acute Hospitals and Records of Residential Services
- Community Health and Welfare Services
- Personnel Records
- Financial Records.

Prior to the implementation of this policy, the following issues should be considered:

- Recommended minimum retention periods should be calculated from the end of the calendar month following the last entry on the document.
- Local requirements/instructions must be considered before activating retention periods in this schedule
- Decisions should also be considered in the light of the need to preserve records, whose use cannot be anticipated fully at the present time, but which may be of value to future generations.
- On-going legislative requirements.

It is intended that this policy will be regularly updated to reflect and incorporate new and additional record categories.

1.2 Objectives

The National Freedom of Information (F.O.I.) Liaison Group at the request of local management examined the whole issue of records retention with the objective of producing:

- A policy on retention periods for the main categories of records existing in the health services
- An outline of issues in records management.

1.3 Methodology

The areas researched in order to produce these guidelines include:

- Current Practice in Irish Health Boards
- Legal Advice
- Advice from Boards Insurers
- Advice from Health Services professional bodies
- E.U. Guidelines
- NHS Guidelines on Records Retention - March 1999
- Northern Ireland Health Service
- Health Services abroad.

1.4 Consumer Rights and Expectations

The Freedom of Information Act, 1997 has granted new legal rights to the public, which will undoubtedly lead, to an increasing number of requests for information held by all public bodies. To facilitate these requests it is timely that all health service agencies should examine their methods of record storage and retrieval. The report entitled "Well Read Developing Consumer Health Information in Ireland" published by the Library Association of Ireland has stated that: "consumer health information is the fastest growing area in health information world wide"

1.5 Definition of Record

A record is defined as "any memorandum, book, plan, map, drawing, diagram, pictorial or graphic work or other document, any photograph, film or recording (whether of sound or images or both), any form in which data (within the meaning of the Data Protection Act, 1988) are held, any other form (including machine-readable form) or thing in which information is held or stored manually, mechanically or electronically and anything that is a part or a copy, in any form of any of the foregoing or is a combination of two or more of the foregoing" (Freedom of Information Act, 1997)

1.6 Essentials of Records Management

Records Management is the systematic collection, classification, indexing, retention and disposal of corporate records (paper or electronic). Procedures should ensure that:

- Complete and accurate records of the health agencies activities and decisions are created as soon as possible after the event.
- A new record (whether created internally or received from elsewhere) is associated to its correct file.
- Essential, and significant records should bear the unique index number of the file where they are stored.
- Records are attached in the appropriate order for that file.
- Non-record documentary material, where appropriate, is associated with the official file.

1.7 Record Retention Periods

The purpose of this document is to provide best practice policy in order that health agencies can develop or revise individual policies and procedures concerning the retention of records.

However desirable it is to keep in original format every single record forever, the reality is, that there is limited storage capacity available. Health agencies must seek to balance the cost of indefinite storage (on-site, off-site, microfilm, I.T. based, etc.) against costs which may arise from an action where the agency does not have records to assist with its defence.

Therefore clear policy is required to assist managers in controlling the potential problem of holding large amounts of records:

- In easily accessible form
- Securely
- Confidentially.

Current practices in relation to record retention vary widely throughout the health agencies.

1.8 Storage Issues

As the volume of records is ever increasing, various forms of retention must be employed other than retaining the original hard copy version of the record.

The availability and development of different forms of electronic recording technologies presents the most realistic future direction for long term record retention.

1.9 Legislation in relation to record retention

There are many references in legislation to the creation of records and these include the following:

Child Care Act 1991

Child Care (Placement of Children in Foster Care) Regulations, 1995

Child Care (Placement of Children with Relatives) Regulations, 1995

Child Care (Placement of Children in Residential Care) Regulations, 1995

Data Protection (Access Modification) (Social Work) Regulations, 1989

Data Protection Act, 1988

Freedom of Information Act, 1997

Health Act, 1947,S5 (3)

Health Acts 1953, 1970

Health Services Regulations, 1971

Statute of Limitations Amendment Act, 1991

Statute of Limitations, 1957

The Organisation of Working Time Act 1997

Worker Protection (Regular Part-Time Employees) Act, 1991

Terms of Employment (Information) Act 1994

Safety, Health and Welfare Act 1989

Comptroller and Auditor General (Amendment) Act, 1993

There are few specific references to the time period records should be held for, except in the case of Child Care legislation where there is a requirement to hold records in perpetuity.

1.10 Developing the Retention Schedule

This document was prepared on the following basis:

- Classification of records
- Assessing the value of records
- Documenting the retention schedule
- Recommending the policy on retention periods to Health Board's CEO Group.

1.10.1 Classification of Records

The classes of records considered in this study were as follows:

- Acute Hospital Records and Records of Residential Services
- Community Care Records
- Personnel/Human Resource Records
- Financial Management Records.

1.10.2 Assessing the Value of Records

This involves determining retention periods for records and any special protection or preservation requirements. Determining a retention period for each record series is based on the value of the series and relevant statutory requirements, regulations and policy. In some instances, for example accounting records, the retention periods are fixed.

In other cases, there may not be legal or regulatory retention requirements, in which case a decision must be made on the basis of need and good practice.

There may even be a case where the administrative or operational needs of the service deem it appropriate to retain certain records for longer than the statutory retention period.

1.10.3 Documenting the Retention Schedule

The process of determining retention periods can be quite lengthy, and must involve the departments who create and use the records as well as any legal and financial advice. The principles of making good records retention decisions can be summarised as:

- Avoid trying to accommodate every conceivable need
- Retain information if it is likely to be needed in the future and if the consequences of not having it would be substantial
- Be conservative i.e. avoid inordinate degrees of risk
- Ensure systematic disposal of records immediately after their retention period expires
- Base retention periods on the consensus of opinions of knowledgeable/experienced people
- Apply common sense.

1.10.4 Recommending the Policy on Retention Periods to Health Boards CEO Group

A subgroup was established by the Chief Executive Officers of the eight Health Boards to review this Policy document drawn up by the National FOI Liaison Group. The Policy was subsequently forwarded jointly to the CEOs who adopted it as a national policy at their meeting of 9th July 1999.

2. RECORDS RETENTION PERIODS

2.1 Policy on - Personal Health Records - Acute Hospitals & Records of other Residential Services

2.1.1 Introduction

A wide variety of records are held in our Hospital Services with medical charts, casualty records, pathology records, x-ray films and reports and general administrative documents being most common.

2.1.2 Basis for Retaining Records

The requirements for holding medical records vary according to the purpose for which they are retained. The following criteria were considered in determining a retention period.

- **Medical criteria** - Records are maintained primarily for the treatment of patients during current and subsequent periods of medical attention. The retention period should be subject to consultation with the appropriate health professional. The period must of course at least span the duration of treatment. Failure to retain a record for a sufficient period of time could be considered negligent if the patient were injured by treatment that would have conflicted with recorded information, had it been available. As medical technologies in the health services continue to accelerate there is increasing pressure to hold records indefinitely. (E.g. in the case of genetic engineering, frozen embryos etc.)
- **Legislative criteria** - All statutory retention periods should be regarded as minimum periods only. Hospital and health care facilities have the option to establish longer periods where necessary. Where no legislative guidance exists, retention periods must be set internally after careful examination of the purposes for which records are maintained. Page five identifies legislation in this regard operating in this country but there is little reference to medical records and retention periods in particular. In this setting it is open to health agencies to devise their own policy.
- **Legal criteria** - Medical records should be retained as long as there is a possibility of legal action being brought by the patient or on behalf of the patient. Although the limitation period may run from the date on which the alleged malpractice or negligence became apparent, rather than from the date on which the medical treatment was terminated, it may be, that, subject to health agency policy records have been destroyed. In this case the health agencies will have to examine if the cost of indefinite retention of records would exceed the liabilities likely to be incurred in the cases where defence to an action for damages is handicapped by the absence of records.
- **To facilitate research**
In the light of the latest trends in medical and historical research, it may be appropriate to select some of these records for permanent preservation. Selection should be performed in consultation with health professionals and records management personnel. If records are to be sampled, specialist advice should be sought from the same health professionals and records management personnel. If a health service agency has taken on a leading role

in the development of specialised treatments, then the patient records relating to these treatments may be especially worthy of permanent preservation.

If a number of patient records are not considered worthy of permanent preservation but nevertheless contains some materials of research value, then the option of retaining individual records should be considered.

2.1.3 Retention Schedule

Personal Health Records	Recommended Retention Period
ACUTE HOSPITAL RECORDS AND RECORDS OF RESIDENTIAL SERVICES Medical, Nursing and Allied Professional/Paramedic Records	If under investigation or if litigation is likely hold in original form indefinitely otherwise retain records for the <u>minimum</u> periods set out below using technology as appropriate.
Medical Records – General Adult	8 years after last contact
Medical Records – Obstetrics	25 years after last contact
Medical Records – Children and young persons	Until the patient’s 25 th birthday, or 26 th if young person was 17 at conclusion of treatment, or 8 years after patient’s death if death occurred before 18 th birthday.
Medical Records – Mental Health Patients	20 years after cessation of treatment or 8 years after the patients death if patient died while still receiving treatment.
Medical Records – Oncology Patients	8 years after conclusion of treatment, especially when surgery only involved. Consideration may wish to be given to BFCO(96)3 issued by the Royal College of Radiologists which recommends permanent retention on a computer database when patients have been given chemotherapy and radiotherapy.
Medical Records – Patients involved in clinical trials	15 years after conclusion of treatment, EEC Note for Guidance: Good Clinical Practice for Trials on Medicinal Products in the European Community, section 3.17 (see Pharmacology and Toxicology 1990, 67,361 – 372).
Medical Records – Donor Patients	11 years post transplantation. Committee on Microbiological Safety of Blood and Tissues for Transplantation (MSBT), guidance issued in 1996.
Medical Records – Deceased Patients – Adults Children and young persons	8 years after death 8 years after death

X-Ray films and Reports - Adults	As with medical records - adults above
X-Ray films and Reports – Children	As with medical records – children and young persons above .
X-Ray Films and Reports – Deceased patients	As with medical records – deceased patients above – 8 years after death.
Pathology Records – Adults, children, deceased persons	As with medical records – adults , children and deceased persons respectively above.
Accident and Emergency Records – Adults, children and deceased persons	As with medical records – adults, children and deceased persons respectively above.
Allied Health Professional/Paramedic Records	
Addiction Counselling	Apply retention periods as for medical chart.
Audiometry	Apply retention periods as for medical chart.
Cardio Vascular	Apply retention periods as for medical chart.
Chiropody/Podiatry	Apply retention periods as for medical chart.
Dietetics	Apply retention periods as for medical chart.
Occupational Therapy	Apply retention periods as for medical chart.
Pharmacy	Apply retention periods as for medical chart.
Physiotherapy	Apply retention periods as for medical chart.
Psychology	Apply retention periods as for medical chart.
Speech and Language Therapy	Apply retention periods as for medical chart.
Other	Apply retention periods as for medical chart.

Note: I.T. may be applied within the minimum periods set out above.

2.2 Policy on Records Retention Periods

- Personal Records- Community, Health and Welfare Services.

2.2.1 Introduction

As with the Hospital Services, a wide variety of records are also held in the Community Care field. In the absence of legislation and/or guidelines to date on the retention periods for records for the Community Care Services, records are being retained for various lengths of time, often indefinitely.

2.2.2 Basis for Retaining Records

In general the broad criteria referred to in Acute Hospital Services applies here. In relation to legislation, the Child Care Act 1991 and associated regulations specify that records should be retained in perpetuity.

2.2.3 Retention Schedule

Personal Records	Recommend Retention Period
COMMUNITY HEALTH AND WELFARE SERVICES	If under investigation or if litigation is likely hold in original form indefinitely otherwise retain records for the minimum periods set out below.
Child & Family Services	
Records created under Child Care Act 1991	Hold in perpetuity
Case records and registers: Fostering	Hold in perpetuity – 1995 Reg.
Case records and registers: Placement of Children with relatives	Hold in perpetuity – 1995 Reg.
Case records and registers: Children in Residential Care	Hold in perpetuity – 1995 Reg.
Community Medical Services (A.M.O.'s)	8 years after last contact except where the records have been created in accordance with Child Care legislation, in which case they should be held in perpetuity.
Dental Records	
Adults	8 years after last contact
Children and young persons	Until the patient's 25 th birthday, or 26 th if young person was 17 at conclusion of treatment, or 8 years after patient's death if death occurred before 18 th birthday.
Deceased - Adults	8 years after death
- Children and young persons	8 years after death

Dental X-Ray Films and Reports	
Adults	As with dental chart/records – adults above
Children and young persons	As with dental records – children and young persons above.
Environmental Health Records	
Environmental Health Complaints	Retain Indefinitely
Food Alerts	Retain for 1 year
Food and Drug Sampling Reports	Retain for 2 years
Food Hygiene (Inactive)	Retain for 3 years
Food Sampling & Bacteriological	Retain Indefinitely
Housing	Retain for 5 years
Housing Aid for the Elderly	Retain indefinitely
Planning	Retain for 10 years
Psychology (Clinical) Records	8 years after last contact except where the records have been created in accordance with Child Care legislation, in which case they should be held in perpetuity.
Public Health Nursing Records	8 years after last contact except where record is created under Child Care legislation in which case they should be held in perpetuity.
Social Work - Records created under Child Care Legislation	Hold in perpetuity
Housing, Welfare, etc. - Deceased	8 years from last contact 8 years after death
Allied Health Professionals/Paramedics	
Addiction Counselling	Apply Retention Periods as for medical chart
Audiometry	Apply Retention Periods as for medical chart
Chiropody/Podiatry	Apply Retention Periods as for medical chart
Dietetics	Apply Retention Periods as for medical chart
Home Help/Home Care Assistants	Apply Retention Periods as for medical chart
Occupational Therapy	Apply Retention Periods as for medical chart
Pharmacy	Apply Retention Periods as for medical chart
Physiotherapy	Apply Retention Periods as for medical chart
Speech and Language Therapy	Apply Retention Periods as for medical chart
Other	Apply Retention Periods as for medical chart

Welfare Records	
Applications for Allowances	Hold for 3 years after last contact and destroy
Means Assessment	Hold until superseded and for one year after C&AG audit and then destroy
Medical Evaluations	<ul style="list-style-type: none"> (i) A.M.O.'s office – Apply retention periods as for medical chart. (ii) Other Departments – Where copies of Medical Evaluation held- destroy after 5 years.

Note: I.T. may be applied within the minimum periods set out above

2.3 Policy on Records Retention Periods

- Personnel Records- Personnel/Human Resource Department.

2.3.1 Introduction

In researching the issue of retention of personnel records, information regarding the current practice in each Health Board was sought, together with advice from Government Departments and external sources. Account was taken of the NHS Retention & Disposal Schedule (19/03/1999) and of the legal requirements concerning record retention laid down in the Terms of Employment (Information) Act 1994 and the Organisation of Working Time Act 1997. Other legal references include Safety, Health and Welfare at Work (General Application) Regulations, 1994 and Workers Protection (Regular Part-time employees) Act 1991.

It is noted that it is common practice in many Health Boards to hold Personnel files on staff at Headquarters in addition to those held at local offices. This is an obvious duplication of records and is an issue which needs to be addressed.

2.3.2 Retention Schedule

Personnel Records	Recommended Retention Period
	If under investigation or if litigation is likely hold in original form indefinitely otherwise retain records for the <u>minimum</u> periods set out below.
Personnel - Recruitment	
Unsolicited applications for jobs	Hold for 1 year and then destroy
Applications for a vacant post Candidates not short listed Candidates short listed but not successful Short listing criteria	Hold for 1 year after C&AG audit and then destroy
General Job Description File It is recommended that the job description be filed on the personal file of the successful applicant.	Hold until superseded
Competition Files Vacancy notification Advert Copies Job Description Applications & Curriculum Vitae of candidates who are called for interview Selection Criteria Candidates not qualified or short listed Candidates short listed but not successful at interview or are successful but do not accept offer	Hold for a minimum of one year after C&AG audit or one and a half years after panel is expired, whichever the later.
Interview board marking sheet and interviewers notes	Hold until expiry of panel and for one year after C&AG audit

Panel recommendation by Interview Board.	Hold until expiry of panel and for one year after C&AG audit
Staff Personnel Files Applications and Curriculum Vitae of candidates who are offered and take up a post, together with the following: References Recruitment Medical Garda Clearance Employment Records Offer/Acceptance of office Contract of employment/Job specification Calculations relating to incremental credit and point on scale at appointment Probation forms Performance appraisal increment document Sick Leave Record Training Record Resignation/Retirement Letter Superannuation calculations	Retain for duration of employment On retirement or resignation, hold for six years, but retaining service records for superannuation/pension purposes. Destroy remainder. (see disciplinary records for exceptions)
Personnel – Leave Records Annual leave applications Sick leave record including certificates Career break applications & correspondence Special leave Jury service leave Compassionate leave letters	The organisation of Working Time Act 1997: “Annual leave records and other relevant documentation should be retained for at least three years as evidence that the employer is complying with the various provisions of the Act”. Holidays Acts 1973-1991: “An employer must keep records under this act for three years”.
Discipline records and letters	Hold on personal file/disciplinary file for duration of employment and 6 years after retirement/resignation and then destroy. Where disciplinary policy provides for earlier removal from file, then destroy after manager’s approval. Where the disciplinary matter involved criminal activity these records should be retained indefinitely.
Allegations and complaints	While complaint is unfounded or investigation not warranted hold for two years.
Occupational Health Pre employment medical reports Health screening reports Other staff reports	Hold until staff member leaves/retires having regard to audit requirements after that date. Safety, Health and Welfare at Work Regulations 1993 “The regulations require employers to maintain records on the results of assessments, measurements of exposure and health surveillance. The records must be made available to the Health & Safety

	Authority, if requested.
Superannuation files	Retain until pensioner and dependent spouse are deceased and dependent children are finished in full time education. Hold for further period of three years after last C&AG audit.
Personnel – General Files (ie non-personal files)	
Training Files (a) General e.g. Continuing Nursing Education training, management training, health & safety training. Formal qualifications etc. <ul style="list-style-type: none"> – Details of training courses – Course criteria – Qualification criteria (b) Application for courses and sponsorship, notifications, qualification attained.	Hold until superseded or for 5 years for reference purposes. Hold until superseded or for 5 years for reference purposes.
I.R. and Staff Relations Records Agreement (Pay) (Other) Leave Policy & Legislation Employment Policy & Legislation Training Policy & Legislation Surveys/Reports Correspondence from & to Unions Individual Industrial Relations Issues Minutes of meetings	Hold until no longer considered relevant

Note: I.T. may be applied within the minimum periods set out above.

2.4 Policy on Records Retention Periods Financial Records

2.4.1 Introduction

The decision on how long to keep a financial record before destroying is influenced by three main factors:

- Statutory requirement, e.g. audit, Revenue Commissioners guidelines and the acceptability of copies as “evidence in court of law”.
- The practicality and usefulness of holding original for reference in preference to holding it in electronic form
- Archive consideration noting that some information is of a sort which should be retained in perpetuity, e.g. Annual Financial Statements.

As with other categories, legislation was examined, professional advice obtained and current practices elsewhere were reviewed in arriving at the recommendations. The body of advice and practice in Irish Health Boards tends to indicate that the period of 6 years plus 1 is that preferred by Finance Officers, etc. This is similar to requirements of the Companies Act 1963, and guidelines issued by the Revenue Commissioners and is largely reflected in the recommendations below.

2.4.2 Retention Schedule

Financial Records	Recommended Retention Periods
	If under investigation or if litigation is likely hold in original form indefinitely otherwise retain records for the minimum periods set out below
Accounts Payable	
Batches of Invoices and Vouchers	Hold in original form for three years or until C&AG audit complete whichever the later
VAT Records	Hold hard copy for 6 years, unless otherwise authorised by Revenue Commissioner
Tax Clearance Certs	Hold until audit signed off and superseded
Accounts Receivable	
Debtors Ledger	Hold for three years
Income Listings	Hold for three years
Income Control Accounts	Hold for three years
Receipts Reconciliation	Hold for three years
Agreements – Rental, Lease, Use, Occupancy	Retain indefinitely
Bank Records	
Paid Cheques	Hold until audit signed off
Bank Reconciliations	Hold for three years, or audit signed off, whichever is later, apply I.T.
Bank Statements	Hold until audit signed off

Capital Projects	Hold for seven years after completion and destroy
Financial Statements	
Annual Financial Statements	Retain indefinitely in original form
Final Budgetary Reports for any year	Retain indefinitely in original form
Registers maintained in Finance Department under statute i.e. Reg. of insurances, mortgages assets	Retain indefinitely in original form
Fixed Assets	
Records of Boards Properties, Sale and Purchase	Retain indefinitely in original form
Assets Register	Retain indefinitely in original form
Insurance Files	
Policies	Hold indefinitely
Accident Reports	Hold indefinitely
Claims correspondence	Hold indefinitely
Other Records	
Audit Reports	Hold for three years, apply I.T.
Financial Regulations, Policies and Accounting Standards, Accounting legislation, Monthly Expenditure and Income Reports.	Hold until superseded, or audit signed off, whichever is later.
Department of Health and Children Circulars and correspondence	Hold indefinitely, until pressure on file structure makes necessary to archive elsewhere, applying I.T. to relevant records only.
Patients Property Accounts	Hold indefinitely or until account discontinued at location and audit complete.
Cancelled Cheques	Hold until audit signed off
Travel Claims	Hold until audit signed off
Receipt Books	Hold until audit signed off
Purchase Order Books	Hold until audit signed off
Voucher Books	Hold until audit signed off
Stores Requisition Books	Hold until audit signed off
Payroll	
Listings, Payslips	Hold to end of tax year
Paysheets Authorisations to deduct, tax details of staff, appointment details, pay scales	Hold in original form for six years.

Note: I.T. may be applied within the minimum periods set out above

3. DESTRUCTION POLICY

When original records are destroyed i.e. when committed to microfilm, C.D., etc. or when no alternative storage is available e.g. records of deceased patients 8 years after death, a clear destruction procedure should be applied.

In relation to personal records i.e. patients, clients and staff, a record of files destroyed containing persons name, date of birth, file number and date of last contact with service should be maintained. This record should be completed by the officer supervising the removal process and by a senior officer authorising the removal and destruction of the records.

The date of destruction and the manner in which the records were destroyed should also be recorded. In terms of the means of destruction this should be carried out by shredding, pulping or incineration. Where a contractor is used to carry out any of the aforementioned processes he/she should be required to sign confidentiality undertakings and to produce written certification as proof of destruction. Supervision of this exercise is important.

4. SUMMARY

This document aims to provide minimum retention periods for the various categories of documents listed. As circumstances and priorities change it is important that the policy be subject to periodic review, with the continued introduction of I.T. many records may be stored in an I.T. format from the outset, with little or no paper records being created.

As indicated at the end of each schedule the policy provides for information technology to be applied to records within the minimum periods specified except where there is a specific requirement to retain in original hard copy format.

5. ISSUES IN RECORDS MANAGEMENT

5.1 Introduction

The National F.O.I. Liaison Group looked at the wider issue of record management, both in the context of the Freedom of Information Act and the continuing need for best practice guidelines.

It quickly became apparent to the Liaison 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 Liaison Group identifies what it considers to be the main issue in records management and recommends some basic principles of good records management.

5.2 Environment

The present environment in health service agencies 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
- Subject to rapid I.T. development.

5.3 Record Management Strategy

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

- Encourage greater use of information technology
- Maximise the information value of records by widening access
- Create standardised approaches to the management of records without excessive centralisation
- Ensure that health agencies can meet their legal/regulatory obligations
- Minimise administrative overhead costs

5.4 Achieving the Objectives – The Strategy

In order to achieve the objectives outlined above, the health agencies must:

- Commit to the principle that records management is a key factor in the delivery of the agency's services and the protection of their 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 system as closely as possible to its functional and operational activities rather than to organisation hierarchy. The sharing of information means that sharing of records and changing responsibilities and functions have major effects on their management.
- Develop its in-house information services in a co-ordinated and co-operative manner. The co-ordinated development of records and data strategy is particularly important both on account of the role of the agencies as conveyors and preservers of data.

5.5 Policy Document

Each health agency should adopt a policy which will cover all aspects of records management including destruction, storage, referencing, recording, security, all which is compliant with national legislation, national standards and directives, and in accordance with best practice.

5.6 Organisation and Responsibility

Responsibility for functional records on a day-to-day basis lies with heads of services. However, each agency should develop a record management programme, to plan and implement future enhancements and additions, monitor procedures and arrange for appropriate staff training.

5.7 Procedures

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

Classification

Copying

Disposal of Archives

Document Control System

Document Creation

Document Forms

File Opening/Closing

Filing Order 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.

5.8 Scope and Structure of Filing/Record Systems

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

Records should be broadly categorised as follows:

- Policies
- Strategies for Implementation of Policies
- Client/Patient Files
- Personnel/Human Resource records
- Financial records
- General Administration
- 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

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

5.9 Security

Each agency should develop security procedures to ensure that:

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

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

5.10 Strategy Audit

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

5.11 Electronic Documents

When agencies 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 with consequent improvement in cost effectiveness.

The above developments must be consistent with the agency's IT Strategy and network developments.

5.12 Conclusion

Many organisations lack effective mechanisms for handling their records. This has resulted in significant amounts of information either being incorrectly filed or being recorded in unmanaged files. Active management of such information is necessary to facilitate the efficient operation of the organisation and to comply with statutory requirements.

"All organisations use information . Information is an asset , a valuable resource, if it is available at the right time, in the right place and at the lowest cost. Records

management is the systematic control, organisation, access to and protection of an organisation's information, whether it be on tape, disc, paper or film, from its creation through its use, to its permanent retention or legal destruction"

Extract from the Records Management Bulletin Issue June /August 1999