



NOBLE'S (ISLE OF MAN) HOSPITAL

RETENTION OF RECORDS POLICY

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Introduction

This Policy provides information and advice about record retention, transfer and destruction. *It applies to ALL records held by Nobles (Isle of Man) Hospital, regardless of the media on which they are held.* It does not apply to central staff records or payroll that will be retained and managed by Human Resources and Finance Directorates respectively.

Records are a valuable resource because of the information they contain. High-quality information underpins the delivery of high-quality evidence-based health and social care, and many other key service deliverables. Information has most value when it is accurate, up to date and accessible when it is needed. An effective records management service ensures that information is properly managed and is available whenever and wherever there is a justified need for that information, and in whatever media it is required.

Information may be needed to:

- a) Support health and social work practice, patient and client care and continuity of care;
- b) Support day-to-day business which underpins the delivery of care;
- c) Support evidence-based clinical practice;
- d) Support sound administrative and managerial decision making;
- e) Meet legal requirements, including requests under subject access provisions of the Data Protection Act or the Freedom of Information Act;
- f) Assist clinical and other types of audits;
- g) Support improvements in clinical effectiveness through research and also to support archival functions by taking account of the historical importance of material and the needs of future research;
- h) Support patient and client choice and control over treatment and services designed around the service user.

The Data Protection Act and General Data Protection Regulations 2018 (GDPR) requires that personal data be processed for a specific purpose or purposes, and the 5th Principle of the Regulations state that data shall not be kept for longer than is necessary. The GDPR however does not specify how long information should be retained for.

The Code of Practice on Access to Government Information 1996 and the Freedom of Information Act 2015 allows for the disclosure of information around public services, how they are run, how much they cost, who is in charge and what complaints and redress procedures are available. Also what services are being provided, what targets are set, what standards of service are expected and the results achieved. We must ensure that records regarding our services are retained for a relevant time and are accessible.

Where the Directorate has records created by others (that are not service user specific), for example minutes of meetings attended, consideration must be given to early destruction with a note that would indicate where the master copy is held.

Definition

A retention, storage and disposal schedule is a timetable for the planned review of all records to determine their ultimate fate, which is either:

- ✚ Permanent retention for records having long term value for the Department or nationally, or;
- ✚ Secure destruction of records which the Department is not obliged to keep for legislative or business reasons.

This schedule lists record types with brief descriptions and their minimum required retention period. Note that retention periods apply to both paper and electronic records. At the end of their retention period, a sample of records from a series should be reviewed before destruction to confirm that they are no longer required.

Record Storage

The schedules identify those records likely to have permanent research and historical value.

Some records may have a long-term research value outside the Department that created them (e.g. both administrative and clinical records from a number of different hospitals have been used to study the 1918 influenza epidemic). The Information Governance Team will advise on the current and potential research uses of the records in conjunction with the Public Record Office.

The following factors must be considered when storing health records:

- ✚ Compliance with health and safety regulations.
- ✚ Security
- ✚ Types of record to be stored
- ✚ Size and quantities
- ✚ Usage and frequency of retrieval
- ✚ Suitability, space efficiency and cost
- ✚ Retention periods

Paper Records

It is important that libraries are well managed to ensure space is efficiently utilised and the width of aisles and general layout of storage areas conform to fire, health and safety regulations. In addition to this, all records must be stored off the floor to provide some protection from flood, dampness and dust.

It is important that where other paper records are stored, (e.g. offices etc.), these need to be stored effectively, and conform to fire and health and safety regulations. All records

must be stored off the floor to provide some protection from flood, dampness and dust.

Clinical records such as patient records and x-ray films need to be stored in a way to allow quick retrieval i.e. straight numeric, terminal digit filing or by year/date of birth as in the case for x-rays.

Non-paper Records

Non-paper storage includes electronic and microfilm formats.

Electronic and microfilm formats are used to capture and store images of otherwise bulky or deteriorating archival material. However managers must be aware of issues around storing records particularly in microfilm format where there may be a reduction in the clarity of records printed.








Medical photographs are regarded as Public Records and under the provisions of the GDPR on registration and restriction of disclosure, relate to photographs of identifiable individuals, as well as to other personal records.

Record Disposal

When records identified for disposal are destroyed, a register of these records needs to be kept. When records have reached the end of their retention period the Information Governance Team should be contacted to assist with the secure disposal of the records or transfer to the Public Record Office.

In the case of electronic records, please note that a record is not deleted if it is merely sent to the 'recycle bin'. It must also be deleted from this folder to be considered fully deleted. This is important in terms of the Freedom of Information Act 2015.

There are some records that do not have to be kept at all and staff may routinely destroy such "unimportant" information in the course of their duties. For example:

-  Compliment Slips
-  Catalogues and magazines
-  Telephone slips where the information has been transferred to a file note.
-  Trivial e-mail or notes not related to the core business of the service
-  Out of date distribution lists
-  Working papers that lead to a final report (Note: working papers circulated to colleagues keep with report do not destroy).
-  Some duplicated or superseded material

Records which do not contain personal or sensitive material may be disposed of in the normal manner i.e. shredding or confidential wheelie bin or other recycling facilities where possible.

Contractors employed to shred confidential information/records will be asked to produce written certificates as proof of destruction.

Record Destruction

The Information Governance Team will be responsible for advising on local policy for the retention, archiving or disposal of Nobles Hospital records. The destruction of records is an irreversible act and must be clearly documented.

A decision for destruction of records must be made by the Director of Nobles Hospital, or a nominated officer who has knowledge of the relevant business area to which the records relate, in conjunction with the Information Governance Manager. Destruction of records must not take place without recorded agreement from the Information Governance Manager and completion of a Certificate of Records Destruction.

Records not selected for archival preservation and which have reached the end of their administrative life will be destroyed.

If a record due for destruction is known to be the subject of a request for information, or potential legal action, the records must not be destroyed (see schedule for clarity). The minimum retention periods should be calculated from the end of the calendar year following the last entry in the health records.

Guidance must be sought from the responsible manager or the Information Governance Manager if there are any queries around destruction or transfer of a record.

Retaining records or information beyond the retention period

In the majority of cases records will be disposed of when they reach their retention period. However, when assessing whether records or information is required to be retained for a longer period than that identified within the Retention Schedule, consideration should be given to the holding of information for longer than necessary which incurs extra storage costs and leaves the Department vulnerable to risks of theft, misuse, disclosure, legal discovery and non-compliance fines.

Examples of when information may be required to be held for longer periods are where:

- ✚ The information is subject to a request for information under access to information legislation, such as a Subject Access Request under the GDPR
- ✚ Department of Health and Social Care/ Nobles Hospital is subject to on-going legal action
- ✚ The information is subject to an investigation or public inquiry e.g. Winterbourne View, Victoria Climbié Inquiry
- ✚ There is greater public interest in an issue requiring permanent preservation e.g. records pertaining to the establishment of NHS England
- ✚ Changes are made to the regulatory or legislative framework.

Transfer of Records to the Public Record Office

Records which have been identified in the Retention Schedule as permanent records are to be transferred to the Public Record Office. The Information Governance Manager is responsible for co-ordinating this process with the Public Record Office. If records are to be reviewed prior to selection this should be carried out by the Information Governance Manager in conjunction with the Public Record Office and any criteria or sampling processes used recorded for future use.

Implementation, Monitoring and Review

The Chief Operating Officer is responsible for the implementation and enforcement of the policy.

Active From – May 2021

Review Date – May 2025

Ratified by:



Signed:

Chief Executive Officer

Date: 26.5.21.....

Public Records Act (PRA) Compliant (Signed by the Public Records Office)

Signed:

Name: PUBLIC RECORDS OFFICER

Date: 17/05/2021.....

1. Legislation and statutory codes in recommending retention periods

- Data Protection Act 2018
- GDPR and LED Implementing Regulations 2018
- Data Protection (Application of GDPR) Order 2018
- Data Protection (Application of LED) Order 2018
- Freedom of Information Act 2015
- The Code of Practice on Access to Government Information 1996
- Public Records Act 1999

- Limitation Act 1984
- DHSC Information Security Policy
- DHSC Confidentiality Policy
- DHSC Data Protection Policy
- DHSC Information & Records Management Policy
- IOM Government Electronic Communications and Social Media: Policy, Standards and Guidelines September 2015
- IOM Government Information Security Policy, with Standards Parts1, 2, 3 & 4
- IOM Government Data Protection Policy and Standards
- IOM Government Digital Imaging Systems Policy and Standards
- IOM Government Digital Imaging Systems Guidance
- IOM Government Information and Records Management Policy
- IOM Government Security Classification Policy
- International Standard on Records Management, BS ISO 15489;
- UK NHS Code of Practice – Records Management March 2006.

