POLICY FOR THE RETENTION OF RECORDS

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Next review: March 2011

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Contents

1. Introduction .................................................................................................. 3
2. Scope ........................................................................................................... 4
3. Responsibilities ............................................................................................ 4
4. Local retention periods ................................................................................. 4
5. Information disposal ..................................................................................... 5
6. Further References ...................................................................................... 5
7. Contacts ....................................................................................................... 5
8. Retention Schedules .................................................................................... 5
   8.1. Health Records ...................................................................................... 7
   8.2. Administrative – Corporate and Organisation ...................................... 34
   8.3. Estates and Engineering ..................................................................... 42
   8.4 Financial .................................................................................................. 45
   8.5 IM&T ..................................................................................................... 53
   8.6. Other ................................................................................................... 53
   8.7. Personnel/HR ...................................................................................... 54
   8.8 Purchasing and Supplies ...................................................................... 56

Change Control

Contact the Information Governance Manager for any changes to this document.

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>6/06</td>
<td>GL</td>
<td>This document was first released in March 2004 based on HSC1999/053 – For the Record. This version is a significant upgrade based on the NHS Code of Records Management Practice. The document will be updated as new local or national retention periods are defined.</td>
</tr>
<tr>
<td>6.1</td>
<td>7/08</td>
<td>GL</td>
<td>Add declarations of interest in the admin records section. Clarify family planning records. Include operating theatre lists. Include cardiac arrest trolley daily checks. Include verbal complaints. Include reference to breast screening guidance. Sickness absence forms – HR records minor. Not agreed by the P&amp;GC.</td>
</tr>
<tr>
<td>6.2</td>
<td>2/09</td>
<td>GL</td>
<td>Updated in line with the NHS reissuing the NHS Code of Practice, 8/1/2009</td>
</tr>
</tbody>
</table>
1. Introduction

This Policy is one of a suite of policies and procedures relating to the management of information.

This retention schedule details the Minimum Retention Period for each type of health record. Records (whatever the media) may be retained for longer than the minimum period. However, records should not ordinarily be retained for more than 30 years. Where a period longer than 30 years is required (eg to be preserved for historical purposes), or for pre 1948 records, contact the Information Governance Manager who will discuss transfer of the information to the local Records Office.

The following types of record are covered in this retention schedule (regardless of the media on which they are held, including paper, electronic, images and sound, and including all records of NHS patients treated on behalf of the NHS in the private healthcare sector):

- patient health records (electronic or paper based, and concerning all specialities);
- staff records;
- corporate and administrative records;
- records of private patients seen on NHS premises;
- Accident & Emergency, birth and all other related registers;
- theatre, minor operations and other related registers;
- X-ray and imaging reports, output and images;
- photographs, slides and other images;
- microform (ie microfiche/microfilm);
- audio and video tapes, cassettes, CD-ROMs, etc;
- e-mails\(^1\);
- computerised records; and
- scanned documents.

2. Scope
This policy is applicable to all Trust employees and any organisation under contract to the Trust.

3. Responsibilities
Records of the NHS and its predecessor bodies are subject to the Public Records Act 1958, which imposes a statutory duty of care directly upon all individuals who have direct responsibility for any such records.

Trust employees and partner organisations are reminded that records containing personal information are subject to the Data Protection Act 1998. Information containing personal or sensitive data should be disposed of confidentially.

4. Local retention periods
When information does not fall under the listed schedules, local retention periods should be determined. The following issues should be considered:
- how often is the information used;
- are retention periods for similar information in existence;

\(^1\) This emphasis that an e-mail can contains information (eg patient care details) which should be retained. Arrangements should be made for that information to be accessed during that retention period (eg copied into an electronic system or printed and stored in the patient record). This does not conflict with the general advice to manage personal mailboxes.
• what are the consequences of that information not being available, for example, to answer complaints or queries. Remember that the NHS is not required to keep information just in case;
• who in the directorate/Trust will need to agree the decision.

When a local decision on retention has been made, contact the Information Governance Manager to have the details recorded in this policy.

5. Information disposal
Before destroying records please refer to the Information Disposal Guideline (B34/2005). This document advises on the considerations required to destroy physical and electronic information such as selecting information for destruction, validating the selection and record keeping (of the records destroyed).

6. Further References
The NHS Code of Record Management Practice

7. Contacts
For further information or advice contact the Information Governance Manager on 258 6053, Gareth.Lawrence@uhl-tr.nhs.uk.

8. Retention Schedules
Notes
1. Consult the Information Governance Manager. Where an organisation has an existing relationship with an approved Place of Deposit, it should consult the Place of Deposit in the first instance. (UHL’s Place of Deposit is the Records Office in Wigston).

2. The coding below denotes the status of the type of record and its retention period (as defined by the DoH):

Notes
\( C \) = a previously existing record type (ie referenced in a previous retention schedule) but a \( C \)hange to the retention period

\( N \) = a \( N \)ew record type (either not referenced in a previous retention schedule or a more explicit description of a record type than previously published)

\( S \) = a previously existing record type, with the \( S \)ame retention period.

\( L \) = Locally defined retention period

3. This document is based on the NHS Code of Records Management Practice Annexes D. Any deviation from the NHS guidance or local retention periods are noted in the document.

4. Retention periods should be calculated from the beginning of the year after the last date on the record. For example, a file which has the first entry in February 2001 and the last entry in September 2004, and for which the retention period is 7 years should be kept in its entirety at least until the beginning of 2012.
## 8.1. Health Records

<table>
<thead>
<tr>
<th>Type of Health Record</th>
<th>Minimum Retention Period</th>
<th>Derivation</th>
<th>Final action</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E records (where these are stored separately from the main patient record)</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children's A&amp;E records should be retained as per the retention period for the records of children and young people shown below</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>A&amp;E Registers - paper</td>
<td>8 years after the year to which they relate</td>
<td>Likely to have archival value. See note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Abortion – Certificate A (Form HSA1) and Certificate B (Emergency Abortion)</td>
<td>3 years</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Admission books (where they exist in paper format)</td>
<td>8 years after the last entry</td>
<td>Likely to have archival value</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Adoption records – see non-health records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance records – patient identifiable component (including paramedic records made on behalf of the Ambulance Service)</td>
<td>10 years</td>
<td>Limitation Act</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Asylum seekers and refugees (NHS personal health record – patient-held record)</td>
<td>Special NHS record – patient held – no requirement on NHS to retain</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Audiology records</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
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</tr>
<tr>
<td>Autopsy records – see Post mortem records and registers</td>
<td>last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth registers (ie register of births kept by the hospital)</td>
<td>Lists sent to General Register Office on a monthly basis. Retain for 2 years</td>
<td>Likely to have archival value. See note 1</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Blood transfusion records (see pathology records)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Body release forms</td>
<td>2 years</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Breast screening X-rays</td>
<td>8 years</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Breast screening guidelines</td>
<td>See the Retention and disposal of Mammograms and screening records on the NHS. Good Practice guidance no 5 on the NHSBSP web site</td>
<td><a href="http://www.cancerscreening.nhs.uk/breastscreen/publications/programme-management.html">http://www.cancerscreening.nhs.uk/breastscreen/publications/programme-management.html</a></td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Care records – employees of a Care Trust (including information on an individual’s education status, care needs, etc)</td>
<td>Retain for the period of time appropriate to the patient / specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Cervical screening slides</td>
<td>10 years</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Chaplaincy Records</td>
<td>2 years</td>
<td>Likely to have archival value. See note 1</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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<td>-----------------------</td>
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</tr>
<tr>
<td>Child and family guidance</td>
<td>Retain for the period of time appropriate to the patient / specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Child Protection Register (records relating to)</td>
<td>Retain until the patient’s 26th birthday</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Children and young people (all types of records relating to children and young people)</td>
<td>Retain until the patient’s 25th birthday or 26th if young person was 17 at conclusion of treatment, or 8 years after death. If the illness or death could have potential relevance to adult conditions or have genetic implications, the advice of clinicians should be sought as to whether to retain the records for a longer period</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Clinical audit records</td>
<td>5 years</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Clinical psychology</td>
<td>30 years</td>
<td>See note 1</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Clinical trials of investigational medicinal products – health records of participants that are the source data for the trial</td>
<td>For trials to be included in regulatory submissions: At least 2 years after the last approval of a marketing application in the EU. These documents should be retained for a longer period, however, if required by the applicable regulatory requirement(s) or by agreement with the Sponsor. It is the responsibility of the Sponsor / someone on behalf of the Sponsor to inform the investigator / institution as to when these documents no longer need to be retained For trials which are not to be used in regulatory submissions: European Commission Directive 2005 / 28 / EC of 8 April 2005 laying down principles and detailed guidelines for good clinical practice as regards investigational medical products for human use, as well as the requirements for authorisation of the manufacturing or importation of such products: <a href="http://pharmacos">http://pharmacos</a>.</td>
<td>See note 1</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
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<tr>
<td>At least 5 years after completion of the trial. These documents should be retained for a longer period if required by the applicable regulatory requirement(s), the Sponsor or the funder of the trial</td>
<td>Eudra.org/F2/pharmacos/dir2001200ec.htm Directive 2001/20/EC of the European Parliament and of the council of 4 April 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use Directive 2001/20/EC: The Medicines for Human Use (Clinical Trials) Regulations 2004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controlled drug ward orders of requisitions – see Pharmacy records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling records</td>
<td>30 years</td>
<td>See note 1</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Creutzfeldt-Jakob Disease (hospital and GP)</td>
<td>30 years from date of diagnosis, including deceased patients</td>
<td>CJD Incidents Panel</td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Death – Cause of, Certificate counterfoils</td>
<td>2 years</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Death registers – ie register of deaths kept by the hospital, where they exist in paper format</td>
<td>Lists sent to GRO on a monthly basis. Retain for 2 years Death Registers prior to lists sent to GRO – offer to Place of Deposit</td>
<td>Likely to have archival value. See note 1</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Dental epidemiological surveys</td>
<td>30 years</td>
<td>Destroy under confidential</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
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</tr>
<tr>
<td>Dental, ophthalmic and auditory screening records</td>
<td>11 years for adults</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>For children 11 years or up to their 25th birthday, whichever is the longer</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Diaries – health visitors and district nurses</td>
<td>2 years after end of year to which diary relates. Patient relevant information should be transferred to the patient record</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Dietetic and nutrition</td>
<td>Retain for the period of time appropriate to the patient / specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Discharge books (where they exist in paper format)</td>
<td>8 years after the last entry</td>
<td>Likely to have archival value. See note 1</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>District nursing records</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death, if patient died while in the care of the organisation</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Donor records (blood and tissue)</td>
<td>30 years post transplantation</td>
<td>Committee on Microbiological Safety of Blood and Tissues for Transplantation (MSBT); guidance issued in 1996</td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Drug trials, records (see Clinical trials)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Health Record</td>
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</tr>
<tr>
<td>Endoscope leakage testing logs</td>
<td>Lifetime of equipment (or if all information is recorded on the same sheet – average life of the endoscope + 2 years)</td>
<td>ENT Clinic See Steriliser Temperature Testing Log</td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Endoscope – record of scope to patient and cleansing details</td>
<td>8 years</td>
<td>ENT Clinic</td>
<td>Destroy under confidential conditions</td>
<td>L</td>
</tr>
<tr>
<td>Family planning records</td>
<td>10 years after closure of the case For children retain until their 25th birthday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forensic medicine records (including pathology, toxicology, haematology, dentistry, DNA testing, post mortems forming part of the Coroner’s report, and human tissue kept as part of the forensic record)</td>
<td>For post – mortem records which form part of the Coroner’s report, approval should be sought from the coroner for a copy of the report to be incorporated in the patient’s notes, which should then be kept in line with the specialty, and then reviewed All other records retain for 30 years</td>
<td>The Retention and Storage of Pathological Records and Archives (3rd edition 2005) guidance from the Royal College of Pathologists and the Institute of Biomedical Science: <a href="http://www.rcpath.org.uk/resources/pdf/retention-SEPT05.pdf">http://www.rcpath.org.uk/resources/pdf/retention-SEPT05.pdf</a> Human Tissue Act 2004</td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Genetic records</td>
<td>30 years from date of last attendance</td>
<td>The Royal College of Pathologists endorses the Code of Practice and Guidance of the Advisory Committee on Genetic Testing (1997) and its recommendations on storage, archiving and disposal of specimens and records related to human testing services (genetics) offered</td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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<td>---------------------------------------------------------</td>
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</tr>
<tr>
<td>Genito Urinary Medicine (GUM)</td>
<td>8 years from date of last attendance For children retain until their 25th birthday</td>
<td>and supplied direct to the public. Those who intend to offer such services should follow its guidance</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>GP records, including medical records relating to HM Armed Forces or those serving a period of imprisonment</td>
<td>Maternity records – 25 years after last live birth</td>
<td>Limitation Act 1980, Congenital Disabilities (Civil Liability) Act 1976, Consumer Protection Act 1987</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>Records relating to children and young people (including pediatric, vaccination and community child health service records) – until the patient’s 25th birthday or 26th if an entry was made when the young person was 17; or 10 years after death of a patient if sooner</td>
<td>Royal College of Psychiatrists</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>Records relating to persons receiving treatment for a mental disorder within the meaning of the Mental Health Act 1983 – 20 years after the date of the last contact; or 10 years after patient’s death if sooner</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>NB GPs may wish to keep mental health records for up to 30 years before review. They must be kept as complete records for the first 20 years but records may then be summarized and kept in summary format for the additional 10-year period</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>Records relating to those serving in HM Armed Forces – The Ministry of Defence (MoD) retains a copy of the records relating to service medical history. The patient may request a copy of these under the Data Protection Act (DPA), and may, if they choose, give them to their GP.</td>
<td></td>
<td>Not to be destroyed. This refers to GP records of serving military personnel</td>
<td>S</td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
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<tr>
<td>GPs should also receive summary records when ex – Service personnel register with them. What GPs do with them then is a matter for their professional judgment, taking into account clinical need and DPA requirements – they should not, for example, retain information that is not relevant to their clinical care of the patient</td>
<td></td>
<td>that were in existence prior to them enlisting. Following the death of the patient, the records should be retained for 10 years after their death Not to be destroyed. This refers to GP records of serving prisoners that were in existence prior to their imprisonment. After the death, the records should be retained for 10 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records relating to those serving a prison sentence</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>All other patients – 10 years after their death or after the patient has permanently left the country unless the patient remains in the European Union</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Electronic patient records (EPRs) must not be destroyed, or deleted, for the foreseeable future</td>
<td>Good Practice Guidelines for General Practice Electronic Patient Records (version 3.1)</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Health records (excluding records not specified elsewhere in this schedule)</td>
<td>8 years after conclusion of treatment or death</td>
<td>Destroy under confidential conditions</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
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<td>-----------------------------------------------------------</td>
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</tr>
<tr>
<td>Health visitor records</td>
<td>10 years. Records relating to children should be retained until their 25th birthday</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Homicide/Serious untoward incident’ records</td>
<td>30 years</td>
<td>See note 1</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Hospital acquired infection records</td>
<td>6 years</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>
|                                                           | 1. If a live child is not born, records should be kept for at least 8 years after conclusion of treatment.  
|                                                           | 2. If a live child is born, records shall be kept for at least 25 years after the child’s birth.  
<p>|                                                           | 3. If there is no evidence whether a child was born or not, records must be kept for at least 50 years after the information was first recorded. |
|                                                           | Storage Centre’s                                                                        | This applies to centre’s in respect of information which they are directed to record and maintain under a treatment licence. | N                              |      |
|                                                           | Where gametes, etc have been used in research, records must be kept for at least 50 years after the information was first recorded. |
|                                                           | Research Centre’s                                                                       | This applies to centre’s in respect of information which they are directed to record and maintain under a storage licence. | N                              |      |
|                                                           | Records are to be kept for 3 years from the date of final report of results/conclusions to Human Fertilisation and Embryology Authority (HFEA) |
| Human tissue (within the meaning of the Human Tissue Act 2004) (see) | For post mortem records which form part of the Coroner’s report, approval should be sought from the Coroner for a copy of the report to be incorporated in the patient’s notes | See note 1                                                                 | N                              |      |</p>
<table>
<thead>
<tr>
<th>Type of Health Record</th>
<th>Minimum Retention Period</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Forensic medicine above)</td>
<td>which should then be kept in line with the specialty, and then reviewed</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>All other records retain for 30 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunisation and vaccination records</td>
<td>For children and young people - retain until the patient’s 25th birthday or 26th if the young person was 17 at conclusion of treatment. All others retain for 10 years after conclusion of treatment</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Intensive Care Unit charts</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Joint replacement records</td>
<td>For joint replacement surgery the revision of a primary replacement may be required after 10 years to identify which prosthesis was used. Only need to retain minimum of notes with specific information about the prosthesis</td>
<td><a href="http://www.njrcentre.org.uk">http://www.njrcentre.org.uk</a></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Learning difficulties – (records of patients with)</td>
<td>Retain for 10 years after the death of the individual</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Macmillan (cancer care) patient records – community</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
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<tr>
<td>and acute</td>
<td>as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity (all obstetric and midwifery records, including those of episodes of maternity care that end in stillbirth or where the child later dies)</td>
<td>25 years after the birth of the last child</td>
<td>See Addendum 1 (Joint Position on the Retention of Maternity Records) devised by: British Paediatric Association, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, and the United Kingdom Central Council for Nursing, Midwifery and Health Visiting</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Medical illustrations (see Photographs below)</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Mentally disordered persons (within the meaning of any Mental Health Act)</td>
<td>20 years after the date of last contact between the patient/client/server user and any health/care professional employed by the mental health provider, or 8 years after the death of the patient/client/service user if sooner</td>
<td>Mental Health Act 1983 and its successors Royal College of Psychiatrists</td>
<td>When the records come to the end of their retention period, the must be reviewed and not automatically destroyed. Such a review should take into account any</td>
<td>C</td>
</tr>
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<td>Derivation</td>
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</tr>
<tr>
<td>then be summarised and kept in summary format for the additional 10-year period</td>
<td></td>
<td>genetic implications of the patient's illness. If it is decided to retain the records, they should be subject to regular review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social services records are retained for a longer period. Where there is a joint mental health and social care trust, the higher of the two retention periods should be adopted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microfilm/microfiche records relating to patient care</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children's records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient's death if patient died while in the care of the organisation</td>
<td>May have archival value. See note 1</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Midwifery records</td>
<td>25 years after the birth of the last child</td>
<td>Midwives rules and standards 05.04 (rule 9)</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Mortuary registers (where they exist in paper format)</td>
<td>10 years</td>
<td></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Music therapy records</td>
<td>10 years</td>
<td></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Music therapy records</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children's records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient's death if patient died while in the care of the organisation</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
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</tr>
<tr>
<td>Neonatal screening records</td>
<td>last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Notifiable diseases book</td>
<td>25 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Occupational health records (staff)</td>
<td>3 years after termination of employment unless litigation ensues (see Litigation)</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Health records for classified persons under medical surveillance</td>
<td>50 years from the date of the last entry or age 75, whichever is the longer</td>
<td>Controls of Substances Hazardous to Health Regulations 2002 (reg.24(3))</td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Personal exposure of an identifiable employee monitoring record</td>
<td>40 years from exposure date</td>
<td>See above (reg.10(5))</td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Personnel health records under occupational surveillance</td>
<td>40 years from last entry on the record</td>
<td>Ionising Radiation Regulations 1999 (reg. 11(3))</td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Radiation dose records for classified persons</td>
<td>50 years from the date of the last entry or age 75, whichever is the longer</td>
<td>See above (reg. 19(3)(a))</td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Occupational therapy records</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation.</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Oncology (including radiotherapy)</td>
<td>30 years</td>
<td>BFCO(96)3 issued by the Royal College of Radiologists with the support of the Joint Council for Clinical Oncology</td>
<td>See note 1</td>
<td>N</td>
</tr>
</tbody>
</table>

NB: See note 1
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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Operating theatre lists</td>
<td>48 hours (for paper lists where the information is held electronically). 4 years for paper lists only.</td>
<td>Query with the DoH (11/10/06)</td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Operating theatre registers</td>
<td>8 years after the year to which they relate</td>
<td>Likely to have archival value. See note 1</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Orthoptic records</td>
<td>Retain for the period of time appropriate to the patient/speciality, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Out of hours records (GP cover), including video, DVD and tape voice recordings</td>
<td>If the only record, retain for 3 years. If placed on other records, retain for period appropriate to the specialty. If required in litigation, see Litigation</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Outpatient lists (where they exist in paper format)</td>
<td>2 years after the year to which they relate</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Overseas visitors/ private patients paperwork</td>
<td>Paperwork forwarded to Operations  eg PP1s, debtor invoice requests, PPRs, - 3 years</td>
<td>Operations</td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Paediatric records (see Children and young people above)</td>
<td>Note PP1 (pink) PPR and Stage 2 interview forms must be filed in the patients notes.</td>
<td>Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent-held records</td>
<td>At the end of an episode of care the NHS organisation responsible for delivering that care and compiling the record of the care must make appropriate arrangements to retrieve parent-held records. The records should then be destroyed</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
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<td>Minimum Retention Period</td>
<td>Derivation</td>
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<td>------</td>
</tr>
<tr>
<td>Pathology records</td>
<td>retained until the patient’s 25th birthday or 26th birthday if the young person was 17 at the conclusion of treatment, or 8 years after death.</td>
<td>[<a href="http://www.rcpath.org/resources/pdf/retention">http://www.rcpath.org/resources/pdf/retention</a> - SEPT05.pdf](<a href="http://www.rcpath.org/resources/pdf/retention">http://www.rcpath.org/resources/pdf/retention</a> - SEPT05.pdf)</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Documents, electronic and paper records</td>
<td>10 years or until superseded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation documents; records of inspections</td>
<td>10 years or until superseded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Batch records results</td>
<td>10 years or until superseded</td>
<td>Consumer Protection Act 1987</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Bound copies of reports/records, if made</td>
<td>10 years</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Day books and other records of specimens received by a laboratory</td>
<td>2 calendar years</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Equipment/ instruments maintenance logs, records of service inspections</td>
<td>Lifetime of equipment</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Procurement, use, modification and supply records relevant to production of products (diagnostics) or equipment</td>
<td>11 years</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>External Quality Control records</td>
<td>2 years</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Internal quality control records</td>
<td>10 years</td>
<td>Consumer Protection Act 1987</td>
<td></td>
<td>N</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Type of Health Record</th>
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<th>Derivation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Lab file cards or other working records of test results for named patients</td>
<td>2 years</td>
<td>Result in patient record, log retained for lifetime of instrument</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Near-patient test data</td>
<td>Result in patient record, log retained for lifetime of instrument</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathological archive/museum catalogues</td>
<td>30 years, subject to consent</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photographic records</td>
<td>30 years where images present the primary source of information for the diagnostic process</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records of telephoned reports</td>
<td>2 calendar years</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records relating to investigation or storage of specimens relevant to organ transplantation, semen or ova</td>
<td>30 years if not held with health record</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports, copies</td>
<td>6 months</td>
<td>Held in the patient’s health record for 8 years after the patient’s death</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Post mortem reports</td>
<td>6 months</td>
<td>Held in the patient’s health record for 8 years after the patient’s death</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Request forms that are not a unique record</td>
<td>1 week after report received by requester</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Request forms that contain clinical information not readily available in the health record</td>
<td>30 years</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard operating procedures (current and old)</td>
<td>30 years</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimens and preparations Block for electron microscopy</td>
<td>30 years</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrophoretic strips and immunofixation plates</td>
<td>5 years unless digital images taken, in which case 2 years and stored as a photographic record</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>Foetal serum</td>
<td>30 years</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Frozen tissue for immediate histological assessment</td>
<td>10 years</td>
<td>Stained microscope slides – 10 years Residual tissue – kept as fixed specimen once frozen section complete</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>(frozen section)</td>
<td></td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Frozen tissue or cells for histochemical or molecular</td>
<td>10 years</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>genetic analysis</td>
<td></td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Grids for electron microscopy</td>
<td>10 years</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Human DNA</td>
<td>4 weeks after final report for diagnostic specimens. 30 years for family studies for genetic disorders (consent required)</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Microbiological cultures</td>
<td>24 – 28 days after final report of a positive culture issued. 7 days for certain specified cultures – see RCPath document for further details</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Museum specimens (teaching collections)</td>
<td>Permanently. Consent of the relative is required if it is tissue obtained through post mortem</td>
<td><a href="http://www.rcpath.org/resources/pdf/Retention-SEPT05.pdf">http://www.rcpath.org/resources/pdf/Retention-SEPT05.pdf</a></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Stained slides</td>
<td>Depends on the purpose of the slide – see RCPath document for further details</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Newborn blood spot screening cards</td>
<td>5 years – parents should be alerted to the possibility of contact from researchers after this period and a record kept of their consent to contact response</td>
<td><a href="http://www.rcpath.org/resources/pdf/Retention-SEPT05.pdf">http://www.rcpath.org/resources/pdf/Retention-SEPT05.pdf</a></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Body fluids/aspirates/swabs</td>
<td>48 hours after the final report issued by lab</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Paraffin blocks</td>
<td>30 years and then appraise for archival value</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Records relating to donor or recipient sera</td>
<td>11 years post transplant</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Serum following needlestick injury or hazardous</td>
<td>2 years</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
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<td>------</td>
</tr>
<tr>
<td>Serum from first pregnancy booking visit</td>
<td>1 year</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Wet tissue (representative aliquot or whole tissue or organ)</td>
<td>4 weeks after final report for surgical specimens</td>
<td>Human Tissue Act</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Whole blood samples, for full blood count</td>
<td>24 hours</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Transfusion laboratories Annual reports (where required by EU directive)</td>
<td>15 years</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Autopsy reports, specimens, archive material and other where the deceased has been the subject of a coroner’s autopsy</td>
<td>These are Coroner’s records – copies may only be lodged on the health record with the Coroner’s permission</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Blood bank register, blood component audit trial and fates</td>
<td>30 years to allow full traceability of all blood products used</td>
<td>EU Directive N 2002/98/EC The Blood Safety and Quality Regulations 2005 (SI 2005 No. 50)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Blood for grouping, antibody screening and saving and/or cross-matching</td>
<td>1 week at 4ºC</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Forensic material – criminal cases</td>
<td>Permanently, not part of the health record</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Refrigeration and freezer charts</td>
<td>11 years</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
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</tr>
<tr>
<td>Results of grouping, antibody screening and other blood transfusion-related tests</td>
<td>30 years to allow full traceability of all blood products used</td>
<td>EU Directive 2002/98/EC The Blood Safety and Quality Regulations 2005(SI 2005 No. 50)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Separated serum/plasma, stored for transfusion purposes</td>
<td>Up to 6 months</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Storage of material following analyses of nucleic acids</td>
<td>30 years</td>
<td><a href="http://www.cepath.org/resources/pdf/Retention-SEPT05.pdf">http://www.cepath.org/resources/pdf/Retention-SEPT05.pdf</a></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Worksheets</td>
<td>30 years to allow full traceability of all blood products used</td>
<td>EU Directive 2002/98/EC The Blood Safety And Quality Regulations 2005 (SI 2005 No.50)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Patient-held records</td>
<td>At the end of an episode of care the NHS organisation responsible for delivering that care and compiling the record of the care must make appropriate arrangements to retrieve patient-held records. The records should then be retained for the period appropriate to the specialty</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Pharmacy records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>2 years after last treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical drug trials (non-sponsored)</td>
<td>2 years after completion of trial</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>FP10, TTOs, outpatient, private</td>
<td>2 years</td>
<td>NB Inpatient prescriptions held as part of health record</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Parenteral nutrition</td>
<td>2 years</td>
<td>Original valid</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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</tr>
<tr>
<td>Unlicensed medicines dispensing record</td>
<td>5 years</td>
<td></td>
<td>prescription to be held with the health record</td>
<td>N</td>
</tr>
<tr>
<td>Worksheets Raw material request and control forms</td>
<td>5 years</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Resuscitation box</td>
<td>1 year after the expiry of the longest dated item</td>
<td>Applies only to repackaged items</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Chemotherapy, aseptics worksheets, parenteral nutrition, production batch records</td>
<td>5 years</td>
<td></td>
<td>Product liability extends up to 11 years after expiry</td>
<td>N</td>
</tr>
<tr>
<td>Paediatric</td>
<td>As per children and young people</td>
<td></td>
<td>Product liability extends up to 28 years</td>
<td>N</td>
</tr>
<tr>
<td>Quality Assurance Environmental monitoring results</td>
<td>1 year after expiry date of products</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Equipment validation</td>
<td>Lifetime of the equipment</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>QC documentation, certificates of analysis</td>
<td>5 years or 1 year after expiry of batch (whichever is longer)</td>
<td>Article 51(3) Directive 2001/83</td>
<td>Refrigerator records to be retained for the life of any product stored therein</td>
<td>N</td>
</tr>
<tr>
<td>Refrigerator temperature</td>
<td>1 year</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Standard operating procedures</td>
<td>15 years after superseded by revised version</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Orders Invoices</td>
<td>6 years</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Order and delivery notes, requisition sheets, old</td>
<td>Current financial year plus one</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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<td>---------------------------------------------------------------</td>
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<td>------</td>
</tr>
<tr>
<td>Picking tickets/ delivery notes</td>
<td>3 months</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Ward pharmacy requests</td>
<td>1 year</td>
<td>Limitation Act 1980</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td><strong>Controlled Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controlled drug destruction records</td>
<td>2 years</td>
<td>Misuse of Drugs Regulations 2001</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>(pharmacy and ward based)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controlled drug prescriptions</td>
<td>2 years</td>
<td>Misuse of Drugs Regulations 2001</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>(TTOs/OP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controlled drug order books, ward orders and requisitions</td>
<td>2 years</td>
<td>Misuse of Drugs Regulations 2001</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Controlled drug registers</td>
<td>2 years</td>
<td>Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>(pharmacy and ward based)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photographs (where the photograph refers to a particular patient it should be treated as part of the health record)</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy records</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Podiatry records</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained</td>
<td>Destroy under confidential</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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</tr>
<tr>
<td>Post mortem records (see Pathology records)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post mortem registers (where they exist in paper format)</td>
<td>30 years</td>
<td></td>
<td>Likely to have archival value. See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Prison healthcare records (see GP records)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private patients admin forms</td>
<td>See overseas visitors, private patients paperwork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private patient records admitted under section 58 of the National Health Service Act 1977 or section 5 of the National Health Service Act 1946</td>
<td>Although technically exempt from the Public Records Acts, it would be appropriate for authorities to treat such records as if they were not so exempt and retain for period appropriate to the specialty</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Psychology records</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Records/documents related to any litigation</td>
<td>As advised by the organisation’s legal advisor. All records to be reviewed. Normal review 10 years after the file is closed</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Records of destruction of individual health records (case notes) and other health related records contained in this retention schedule (in manual or computer format)</td>
<td>Permanently</td>
<td>BS ISO 15489 (section 9.10)</td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Research records</td>
<td></td>
<td></td>
<td>Data Protection Act (section 33 and schedule 8 part IV)</td>
<td>See note 1</td>
</tr>
</tbody>
</table>

Note 1: Refer to the specific conditions stated in the table.
<table>
<thead>
<tr>
<th>Type of Health Record</th>
<th>Minimum Retention Period</th>
<th>Derivation</th>
<th>Final action</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>trials of investigational medicinal products, health records of participants that are the source data for the research</td>
<td></td>
<td>and Data Protection (Processing of Sensitive Personal Data) Order 2000 (section 9). Research Governance Framework for Health and Social Care 2005</td>
<td>See note 1.</td>
<td>N</td>
</tr>
<tr>
<td>2. Research records and research databases (not patient specific)</td>
<td>Clinical trials of investigational medicinal products – at least 2 years after the last approval of a marketing application in the EU. These documents should be retained for a longer period, however, if required by the applicable regulatory requirement(s) or by agreement with the sponsor. It is the responsibility of the sponsor/someone on behalf of the sponsor to inform the investigator/institution as to when these documents no longer need to be retained Research records other than for clinical trials of investigational medicinal products – as above</td>
<td>The Retention and Storage of Pathological/Records and Archives (3rd edition 2005) Addendum 1. Commission Directive 2005/28/EC of 8 April 2005 laying down principles and detailed guidelines for good clinical practice as regards Investigational medicinal products for human use, as well as the requirements for authorisation of the manufacturing or importation of such products: <a href="http://pharmacos.eudra.org/F2/pharmacos/dir200120ec.htm">http://pharmacos.eudra.org/F2/pharmacos/dir200120ec.htm</a> Directive 2001/20/EC of the European Parliament and of the Council of 4 April 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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<td>---------------------------------------------------</td>
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</tr>
<tr>
<td>Scanned records relating to patient care</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation.</td>
<td>of clinical trials on medicinal products for human use Directive 2001/20/EC: The Medicines for Human Use (Clinical Trials) Regulations 2004 ENTR/F/2 D(2002) – detailed guidelines on the trial master file and archiving ICH Harmonised Tripartite Guideline, guidance for good clinical practice, PMP/ICH/135/95: <a href="http://www.emea.eu.int.pdfs/human/ich/013595en.pdf">http://www.emea.eu.int.pdfs/human/ich/013595en.pdf</a></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>School health records (see Children and young people)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech and language therapy records</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation.</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Stem Cell Services – records relating to quality</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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<td>--------------------------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>control, personnel training, facility management equipment maintenance</td>
<td>as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stem Cell Services – records relating to processing testing, storage and release of products</td>
<td>Indefinitely</td>
<td>JACIE. The JACIE requirement is 10 years, there are a number of regulatory bodies with further guidance expected.</td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Stem Cell Services – Sibling Donor Records</td>
<td>Indefinitely</td>
<td>JACIE - See above</td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Steriliser temperature testing logs</td>
<td>11 years</td>
<td></td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Suicide – notes of patients having committed suicide</td>
<td>10 years</td>
<td>See note 1</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Telemedicine records (see also Video records)</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record or 8 years after the patient’s death if patient died while in the care of the organisation</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Transplantation records</td>
<td>Records not otherwise kept or issued to patient records that relate to investigations or storage of specimens relevant to organ transplantation should be kept for 3 years</td>
<td>See note 1</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Ultrasound records (eg vascular, obstetric)</td>
<td>Retain for the period of time appropriate to the patient/specialty, eg children’s records should be retained as per the retention period for the records of children and young people; mentally disordered persons (within the</td>
<td>Destroy under confidential conditions</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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<td>------</td>
</tr>
<tr>
<td>Vaccination records (see Immunisation and vaccination records)</td>
<td>[meaning of the Mental Health Act 1983] 20 years after the last entry in the record or 8 years after the patient's death if patient died while in the care of the organisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video records/voice recordings relating to patient care/videoconferencing records</td>
<td>8 years subject to the following exceptions: <strong>Children and young people:</strong> Records must be kept until the patient's 25th birthday, or if the patient was 17 at the conclusion of treatment, until their 26th birthday, or until 8 years after the patient's death if sooner <strong>Maternity:</strong> 25 years <strong>Mentally disordered persons:</strong> Records should be kept for 20 years after the date of last contact between patient/client/service user and any healthcare professional or 8 years after the patient's death if sooner <strong>Cancer patients:</strong> Records should be kept until 8 years after the conclusion of treatment, especially if surgery was involved. The Royal College of Radiologists has recommended that such records be kept permanently where chemotherapy and/or radiotherapy was given</td>
<td>Guidance on use of video-conferencing in healthcare: <a href="http://www.wales.nhs.uk/sites/documents/351/1_multpart_xF8FF_3_Guidance%20on%20the%20Use%20of%20Videoconferencing%20in%20Healthcare%20Ve_.pdf">http://www.wales.nhs.uk/sites/documents/351/1_multpart_xF8FF_3_Guidance%20on%20the%20Use%20of%20Videoconferencing%20in%20Healthcare%20Ve_.pdf</a></td>
<td>The teaching and historical value of such recordings should be considered, especially where innovative procedures or unusual conditions are involved. Video/videoconferencing records should be either permanently archived or permanently destroyed by shredding or incineration (having due regard to the need to maintain patient confidentiality)</td>
<td>N</td>
</tr>
<tr>
<td>Ward registers including daily bed returns (where they exist in paper format)</td>
<td>2 years after the year to which they relate</td>
<td>Likely to have archival value. See note 1</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>X-ray films (other image formats for all imaging)</td>
<td>7 years. SEE ALSO XRAY FILM RETENTION AND DESTRUCTION POLICY – DMS ARTICLE 11842</td>
<td>Guidance from the Royal College of Radiologists</td>
<td>Destroy under confidential</td>
<td>N</td>
</tr>
<tr>
<td>Type of Health Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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<tr>
<td>modalities/ diagnostics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays of joint replacement</td>
<td>15 years</td>
<td>Musculo Skeletal Services</td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>X-ray registers (where they exist in paper format)</td>
<td>30 years</td>
<td>Likely to have archival value See note 1</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>X-ray reports (including reports for all imaging modalities)</td>
<td>To be considered as a permanent part of the patient record and should be retained for the appropriate period of time</td>
<td></td>
<td></td>
<td>N</td>
</tr>
</tbody>
</table>

**Addendum 1: Principles to be Used in Determining Policy Regarding the Retention and Storage of Essential Maternity Records**

**British Paediatric Association**  
**Royal College of Midwives**  
**Royal College of Obstetricians and Gynaecologists**  
**United Kingdom Central Council for Nursing, Midwifery and Health Visiting Joint Position on the Retention of Maternity Records**

1. All essential maternity records should be retained. ‘Essential’ maternity records mean those records relating to the care of a mother and baby during pregnancy, labour and the puerperium.

2. Records that should be retained are those which will, or may, be necessary for further professional use. ‘Professional use’ means necessary to the care to be given to the woman during her reproductive life, and/or her baby, or necessary for any investigation that may ensue under the Congenital Disabilities (Civil Liabilities) Act 1976, or any other litigation related to the care of the woman and/or her baby.

3. Local level decision making with administrators on behalf of the health authority must include proper professional representation when agreeing policy about essential maternity records. ‘Proper professional’ in this context should mean a senior medical practitioner(s) concerned in the direct clinical provision of maternity and neonatal services and a senior practising midwife.
4. Local policy should clearly specify particular records to be retained AND include detail regarding transfer of records, and needs for the final collation of the records for storage. For example, the necessity for inclusion of community midwifery records.

5. Policy should also determine details of the mechanisms for return and collation for storage, of those records which are held by mothers themselves, during pregnancy and the puerperium.

**List of maternity records to be retained**

Maternity Records retained should include the following:
- documents recording booking data and pre-pregnancy records where appropriate;
- documentation recording subsequent antenatal visits and examinations;
- antenatal in-patient records;
- clinical test results including ultrasonic scans, alpha-feto protein and chorionic villus sampling;
- blood test reports;
- all intrapartum records to include, initial assessment, partograph and associated records including cardiotocographs;
- drug prescription and administration records;
- postnatal records including documents relating to the care of mother and baby, in both the hospital and community settings.

### 8.2. Administrative – Corporate and Organisation

<table>
<thead>
<tr>
<th>Type of Admin Record</th>
<th>Minimum Retention Period</th>
<th>Derivation</th>
<th>Final action</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident forms (see also Litigation dossiers)</td>
<td>10 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Accident register (Reporting of Injuries, Diseases and Dangerous Occurrences register) (see also Incident forms)</td>
<td>8 years</td>
<td>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (reg. 7); Social Security (Claims and Payments) Regulations (reg. 25)</td>
<td>Destroy under confidential conditions</td>
<td>C</td>
</tr>
<tr>
<td>Type of Admin Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
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</tr>
<tr>
<td>Adoption records</td>
<td>75th anniversary of the date of birth of the child to whom it relates or, if the child dies before attaining the age of 18, 15 years beginning with the date of the 18th birthday</td>
<td>Children and Young Persons Arrangements for Placement of Children (General) (Regulations 1991, SI 1991, No. 890 regs. 8, 9, 10 – children’s records) Adoption Regulations 2004 (reg. 34)</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Advance letters (eg DH guidance)</td>
<td>6 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Agendas of board meetings, committees, sub-committees (master copies, including associated papers)</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Agendas (other)</td>
<td>2 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>C</td>
</tr>
<tr>
<td>Agreements (see Contracts)</td>
<td>3 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Annual/corporate reports</td>
<td>3 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Assembly/Parliamentary questions, MP enquiries</td>
<td>10 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Business plans, including local delivery plans</td>
<td>20 years</td>
<td></td>
<td>Destroy</td>
<td>N</td>
</tr>
<tr>
<td>Cardiac arrest trolley – equipment daily checks</td>
<td>8 years</td>
<td>Resuscitation officer</td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Catering forms</td>
<td>6 years</td>
<td></td>
<td>Destroy</td>
<td>N</td>
</tr>
<tr>
<td>Type of Admin Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>----------------------------------</td>
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<td>-------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Close circuit TV images</td>
<td>31 days</td>
<td>Information Commissioner’s Code of Conduct</td>
<td>Erase permanently</td>
<td>N</td>
</tr>
<tr>
<td>Commissioning decisions – Appeal documentation – Decision documentation</td>
<td>– 6 years from date of appeal decision – 6 years from date of decision</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Complaints – Correspondence, investigation and outcomes – Returns made to DH (see also Litigation dossiers)</td>
<td>– 10 years from completion of action – Files closed annually and kept for 6 years following closure NB: Current policy on the handling of complaints is under review and further guidance will be issued in due course</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Copyright declaration forms</td>
<td>1 year after employee leaves service</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Declaration of interest – register</td>
<td>The register of declarations of interest should be retained for a minimum of 2 years after the interest has elapsed or is no longer relevant</td>
<td></td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Declaration of hospitality – register</td>
<td>2 years</td>
<td></td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Diaries (office)</td>
<td>1 year after the end of the calendar year to which they refer</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Exposure monitoring records</td>
<td>5 years from the date the record was made</td>
<td>Control of Substances Hazardous to Health Regulations 2002 (reg.</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Type of Admin Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
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<td>-------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Flexi working hours (personal record of hours actually worked)</td>
<td>6 months</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Freedom of Information requests</td>
<td>3 years after full disclosure; 10 years if information is redacted or the information requested is not disclosed</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>GMS1 forms (registration ith GP)</td>
<td>3 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Health and safety documentation</td>
<td>3 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>History of organisation or predecessors, its organisation and procedures (eg establishment order)</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Hospital (trust) services</td>
<td>10 years</td>
<td></td>
<td>Destroy</td>
<td>S</td>
</tr>
<tr>
<td>Incident forms</td>
<td>8 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Indices (records management)</td>
<td>Registry lists of public records marked for permanent preservation, or containing the record of management of public records – 30 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>File lists and document lists where public records or their parts are included</td>
<td></td>
<td></td>
<td>Destroy</td>
<td>C</td>
</tr>
<tr>
<td>Type of Admin Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
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</tr>
<tr>
<td>management are not covered – 30 years</td>
<td></td>
<td></td>
<td>under confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Laundry lists and receipts</td>
<td>2 years from completion of audit</td>
<td>Destroy</td>
<td>under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Library registration forms</td>
<td>2 years after registration</td>
<td>Destroy</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Litigation dossiers (complaints including accident/incident reports) Records/documents relating to any form of litigation</td>
<td>10 years</td>
<td>Destroy</td>
<td>S</td>
<td>N</td>
</tr>
<tr>
<td>Manual records</td>
<td>10 years after life of the system (or superseded) to which the policies or procedures refer</td>
<td>Policy documents may have archival value – see note 1</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Maps</td>
<td>Lifetime of the organisation</td>
<td>See note 1</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Meetings and minutes papers of major committees and sub-committees (master copies)</td>
<td>30 years</td>
<td>See note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Meetings and minutes papers (other, including reference copies of major committees)</td>
<td>2 years</td>
<td>Destroy</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Mortgage documents (acquisition transfer and disposal)</td>
<td>6 years after repayment</td>
<td>See note 1</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Nominal rolls</td>
<td>6 years (maximum)</td>
<td>Destroy</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Type of Admin Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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</tr>
<tr>
<td>Papers of minor or short-lived importance not covered elsewhere, eg: advertising matter, covering letters, reminders, letters making appointments, anonymous or unintelligible letters, drafts, duplicates 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 on settlement of the matter involved</td>
<td>2 years after the settlement of the matter to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Patient information leaflets</td>
<td>Lifetime of the organisation</td>
<td></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Patients’ property books/registers (property handed in for safekeeping)</td>
<td>6 years after the end of the financial year in which the property was disposed of or 6 years after the register was closed</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Type of Admin Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
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<td>---------------------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Press Cuttings</td>
<td>1 year</td>
<td></td>
<td>Destroy (where bound volumes exist, see note 1)</td>
<td>S</td>
</tr>
<tr>
<td>Police statements of medical evidence. Copies of witness statements taken by the Police giving details of treatment provided. (A&amp;E)</td>
<td>2 years</td>
<td></td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Project files (over £100,000) on termination, including abandoned or deferred projects</td>
<td>6 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Project files (less than £100,000) on termination</td>
<td>2 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>C</td>
</tr>
<tr>
<td>Project team files (summary retained)</td>
<td>3 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>C</td>
</tr>
<tr>
<td>Quality assurance records (eg Healthcare Commission, Audit Commission, King’s Fund Organisational Audit, Investors in People)</td>
<td>12 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Receipts for registered and recorded mail</td>
<td>2 years following the end of the financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Type of Admin Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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</tr>
<tr>
<td>Records documenting the archiving, transfer to public records archive or destruction of records</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Records of custody and transfer of keys</td>
<td>2 years after the last entry</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Reports (Major)</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Requests for access to records, other than Freedom of Information or subject access requests</td>
<td>6 years after last action</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Requisitions</td>
<td>18 months</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Research ethics committee records</td>
<td>30 years from the date of the decision</td>
<td></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Serious incident files</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Specifications (eg equipment, services)</td>
<td>6 years</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Statistics (including Korner returns, contract minimum)</td>
<td>3 years from date of submission</td>
<td></td>
<td>Destroy</td>
<td>S</td>
</tr>
<tr>
<td>Type of Admin Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>------------</td>
<td>----------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>data set, statistical returns to DH, patient activity)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject access requests (DPA and AHR) – records of requests</td>
<td>3 years after last action</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Surgical appliances forms AP1, 2, 3 and 4</td>
<td>2 years from completion of audit</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Time sheets</td>
<td>6 months</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Estates Record</th>
<th>Minimum Retention Period</th>
<th>Derivation</th>
<th>Final action</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings and engineering works, including major projects abandoned or deferred – key records (eg final accounts, surveys, site plans, bills of quantities)</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Buildings and engineering works, including major</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
</tbody>
</table>

8.3. Estates and Engineering
<table>
<thead>
<tr>
<th>Type of Estates Record</th>
<th>Minimum Retention Period</th>
<th>Derivation</th>
<th>Final action</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>projects abandoned or deferred – town and country planning matters and all formal contract documents (eg executed agreements, conditions of contract, specifications, ‘as built’ record drawings, documents on the appointment and conditions of engagement of private buildings and engineering consultants)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings – papers relating to occupation of the building (but not health and safety information)</td>
<td>3 years after occupation ceases</td>
<td>Construction Design Management Regulations 1994</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Deeds of title</td>
<td>Retain while the organisation has ownership of the building unless a Land Registry certificate has been issued, in which case the deeds should be placed in an archive If there is no Land Registry certificate, the deeds should pass on with the sale of the building</td>
<td>See note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Drawings – plans and buildings (architect signed, not copies)</td>
<td>Lifetime of the building to which they relate</td>
<td>See note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Engineering works – plans and building records</td>
<td>Lifetime of the building to which they relate</td>
<td>See note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Equipment – records of non-fixed equipment, including specification, test</td>
<td>11 years</td>
<td>Consumer Protection Act 1987</td>
<td>Destroy under confidential</td>
<td>N</td>
</tr>
<tr>
<td>Type of Estates Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>records, maintenance records and logs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspection reports (e.g. boilers, lifts)</td>
<td>Lifetime of installation If there is any measurable risk of a liability in respect of installations beyond their operational lives, the records should be retained indefinitely</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Inventories of furniture, medical and surgical equipment not held on store charge and with a minimum life of 5 years</td>
<td>30 years after date of inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories of plant and permanent or fixed equipment</td>
<td>5 years after date of inventory</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Land surveys/registers</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Leases – the grant of leases, licences and other rights over property</td>
<td>Period of the lease plus 12 years</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>C</td>
</tr>
<tr>
<td>Maintenance contracts (routine)</td>
<td>6 years from end of contract</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Manuals (operating)</td>
<td>Lifetime of equipment</td>
<td></td>
<td>Review if issues (e.g. HSE) are outstanding</td>
<td>S</td>
</tr>
<tr>
<td>Medical device alerts</td>
<td>Retain until updated or withdrawn (check MHRA website)</td>
<td><a href="http://www.mhra.gov.uk">www.mhra.gov.uk</a></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Type of Estates Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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<td>------------------------</td>
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<td>------</td>
</tr>
<tr>
<td>Photographs of buildings</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Plans – building (as built)</td>
<td>Lifetime of building</td>
<td>May have historical value – see note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Plans – building (detailed)</td>
<td>Lifetime of building</td>
<td>May have historical value (see note 1)</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Plans – engineering</td>
<td>Lifetime of building</td>
<td>See note 1</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Property acquisitions dossiers</td>
<td>30 years</td>
<td>See note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Property disposal dossiers</td>
<td>30 years</td>
<td>See note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Radioactive waste</td>
<td>30 years</td>
<td>Radioactive Substances Act 1993</td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Site files</td>
<td>Lifetime of site</td>
<td>See note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Structure plans (organisational charts)</td>
<td>Lifetime of building</td>
<td>See note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Surveys – building and engineering works</td>
<td>Lifetime of building or installation</td>
<td>See note 1</td>
<td>C</td>
<td></td>
</tr>
</tbody>
</table>

### 8.4 Financial

<table>
<thead>
<tr>
<th>Type of Financial Record</th>
<th>Minimum Retention Period</th>
<th>Derivation</th>
<th>Final action</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts – annual (final – one set only)</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Accounts – minor records (pass books, paying-in slips, cheque counterfoils, cancelled/discharged)</td>
<td>2 years from completion of audit</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Type of Financial Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
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<td>---------------------------------------------------------------------------------------</td>
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<td>------</td>
</tr>
<tr>
<td>cheques (for cheques bearing printed receipts, see Receipts), accounts of petty cash expenditure, travel and subsistence accounts, minor vouchers, duplicate receipt books, income records, laundry lists and receipts)</td>
<td></td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Accounts – working papers</td>
<td>3 years from completion of audit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice notes (payment)</td>
<td>1.5 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Audit records – original documents</td>
<td>2 years from completion of audit</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Audit reports – external (including management letters, value for money reports and system/final accounts memoranda)</td>
<td>2 years after formal completion by statutory auditor</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Bank statements</td>
<td>2 years from completion of audit</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Banks Automated Clearing System (BACS) records</td>
<td>6 years after year end</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Type of Financial Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
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<td>----------------------------------------------------------------------------</td>
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<td>-------</td>
</tr>
<tr>
<td>Benefactions (records of)</td>
<td>5 years after end of financial year in which the trust monies become finally spent or the gift in kind is accepted. In cases where the Benefaction Endowment Trust fund/capital/ interest remains permanent, records should be permanently retained by the organisation</td>
<td>See note 1</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Bills, receipts and cleared cheques</td>
<td>6 years</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Budgets (including working papers, reports, virements and journals)</td>
<td>2 years from completion of audit</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Capital charges data</td>
<td>2 years from completion of audit</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Capital paid invoices (see Invoices)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash books</td>
<td>6 years after end of financial year to which they relate</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Cash sheets</td>
<td>6 years after end of financial year to which they relate</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Contracts – financial</td>
<td>Approval files – 15 years Approved suppliers lists – 11 years</td>
<td>Destroy under confidential conditions</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Contracts – non-sealed</td>
<td>6 years after termination of contract</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Type of Financial Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>(property) on termination</td>
<td></td>
<td></td>
<td>confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Contracts – non-sealed</td>
<td>6 years after termination of contract</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>(other) on termination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracts – sealed (and</td>
<td>Minimum of 15 years, after which they should be reviewed</td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>associated records)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual arrangements</td>
<td>6 years after end of financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>with hospitals or other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bodies outside the NHS,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>including papers relating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to financial settlements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>made under the contract</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(eg waiting list initiative, private finance initiative)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost accounts</td>
<td>3 years after end of financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Creditor payments</td>
<td>3 years after end of financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Debtors’ records – cleared</td>
<td>2 years from completion of audit</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Debtors’ records – uncleared</td>
<td>6 years from completion of audit</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Type of Financial Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------</td>
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<td>------</td>
</tr>
<tr>
<td>Demand notes</td>
<td>6 years after end of financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Estimates, including supporting calculations and statistics</td>
<td>3 years after end of financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Excess fares</td>
<td>2 years after end of financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Expense claims, including travel and subsistence claims, and claims and authorisations</td>
<td>5 years after end of financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Fraud case files/investigations</td>
<td>6 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Fraud national proactive exercises</td>
<td>3 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Funding data</td>
<td>6 years after end of financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>General Medical Services payments</td>
<td>6 years after year end</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Invoices</td>
<td>6 years after end of financial year to which they relate</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Type of Financial Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>--------------------------</td>
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<td>-------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Ledgers, including cash  books, ledgers, income and expenditure journals, nominal rolls, non-exchequer funds records (patient monies)</td>
<td>6 years after end of financial year to which they relate.</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Non-exchequer funds records</td>
<td>30 years</td>
<td></td>
<td>Although technically exempt from the Public Records Act, it would be appropriate for authorities to treat these records as if they were not exempt</td>
<td>C</td>
</tr>
<tr>
<td>PAYE records</td>
<td>6 years after termination of employment</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Payments</td>
<td>6 years after year end</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Payroll (ie list of staff in the pay of the organisation)</td>
<td>6 years after termination of employment</td>
<td></td>
<td>Destroy under confidential conditions For superannuation</td>
<td>S</td>
</tr>
<tr>
<td>Type of Financial Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>--------------------------</td>
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<td>------------</td>
<td>--------------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>purposes, organisations may wish to retain such records until the subject reaches benefit age</td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Positive predictive value performance indicators</td>
<td>3 years</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Private Finance Initiative</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td>Receipts</td>
<td>6 years after end of financial year to which they relate</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Salaries (see Wages)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superannuation accounts</td>
<td>10 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Superannuation forms SD55(ADP) and SD55J (NHS Pensions Scheme – copies)</td>
<td>10 years (original to NHS Pensions Agency)</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Superannuation registers</td>
<td>10 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Tax forms</td>
<td>6 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Type of Financial Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Transport (staff pool car documentation)</td>
<td>3 years unless litigation ensues</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Trust documents without permanent relevance/not otherwise mentioned</td>
<td>6 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Trusts administered by Strategic Health Authorities (terms of)</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>VAT records</td>
<td>6 years after end of financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Wages/salary records</td>
<td>10 years after termination of employment</td>
<td></td>
<td>Destroy under confidential conditions For superannuation purposes, organisations may wish to retain such records until the subject reaches benefit age</td>
<td>S</td>
</tr>
</tbody>
</table>
### 8.5 IM&T

<table>
<thead>
<tr>
<th>Type of IM&amp;T Record</th>
<th>Minimum Retention Period</th>
<th>Derivation</th>
<th>Final action</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation relating to computer programmes written in-house</td>
<td>Lifetime of software</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Software licences</td>
<td>Lifetime of software</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
</tbody>
</table>

### 8.6. Other

<table>
<thead>
<tr>
<th>Type of Other Record</th>
<th>Minimum Retention Period</th>
<th>Derivation</th>
<th>Final action</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaplaincy records</td>
<td>2 years</td>
<td></td>
<td>May have archival value – see note 1</td>
<td>N</td>
</tr>
<tr>
<td>Family Health Service Appeals Authority tribunal and case files</td>
<td>Case files – 10 years</td>
<td></td>
<td>See note 1</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decision records – until individual’s 80th birthday</td>
<td>Destroy under confidential conditions</td>
<td></td>
</tr>
<tr>
<td>Research and development (organisation)</td>
<td>30 years</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
</tbody>
</table>
### 8.7. Personnel/HR

<table>
<thead>
<tr>
<th>Type of Personnel/HR Record</th>
<th>Minimum Retention Period</th>
<th>Derivation</th>
<th>Final action</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants (records relating to the recruitment of)</td>
<td>5 years</td>
<td>NHS (Appointment of Consultants) Regulations, good practice guidelines, page 11, para. 5.3 <a href="http://www.dh.gov.uk/assetRoot/04/10/27/50/04102750.pdf">http://www.dh.gov.uk/assetRoot/04/10/27/50/04102750.pdf</a></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>CVs for non-executive directors (successful applicants)</td>
<td>5 years following term of office</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>CVs for non-executive directors (unsuccessful applicants)</td>
<td>2 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Duty rosters</td>
<td>4 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Industrial relations (not routine staff matters), including industrial tribunals</td>
<td>10 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>C</td>
</tr>
<tr>
<td>Job advertisements</td>
<td>1 year</td>
<td></td>
<td>Destroy</td>
<td>S</td>
</tr>
<tr>
<td>Job applications (successful)</td>
<td>3 years following termination of employment</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Job applications (unsuccessful)</td>
<td>1 year</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Type of Personnel/HR Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------</td>
<td>------------</td>
<td>--------------</td>
<td>------</td>
</tr>
<tr>
<td>Job descriptions</td>
<td>3 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Leavers’ dossiers</td>
<td>6 years after individual has left</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>Summary to be retained for 30 years or until individual's 70th birthday.</td>
<td></td>
<td>See note 1</td>
<td>C</td>
</tr>
<tr>
<td>Letters of appointment</td>
<td>6 years after employment has terminated or until 70th birthday, whichever is later</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Nurse training records</td>
<td>30 years</td>
<td>See note 1</td>
<td>See note 1</td>
<td>S</td>
</tr>
<tr>
<td>DoH Training Provider ie University UHL training records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel/human resources records – major (eg personal files, letters of appointment, contracts, references and related correspondence, registration authority forms, training records, equal opportunity monitoring forms (if retained))</td>
<td>6 years after individual leaves service, at which time a summary of the file must be kept until the individual’s 70th birthday</td>
<td>See note 1</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Personnel/human resources records – minor (eg attendance books, annual leave records, duty rosters, clock cards, timesheets)</td>
<td>2 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Type of Personnel/HR Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>----------------------------</td>
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<td>------</td>
</tr>
<tr>
<td>Staff car parking permits</td>
<td>3 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Study leave applications</td>
<td>5 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Timesheets – (held outside of the personnel record which is regarded as the “master copy”)</td>
<td>6 months</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
<tr>
<td>Training plans</td>
<td>2 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>N</td>
</tr>
</tbody>
</table>

8.8 Purchasing and Supplies

<table>
<thead>
<tr>
<th>Type of Purchasing Record</th>
<th>Minimum Retention Period</th>
<th>Derivation</th>
<th>Final action</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval files (contracts)</td>
<td>6 years after end of the year the contract expired</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>C</td>
</tr>
<tr>
<td>Approved suppliers lists</td>
<td>11 years</td>
<td>Consumer Protection Act 1987</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Delivery notes</td>
<td>2 years after end of financial year to which they relate</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>C</td>
</tr>
<tr>
<td>Products (liability)</td>
<td>11 years</td>
<td>Consumer Protection Act 1987</td>
<td>Destroy under confidential</td>
<td>S</td>
</tr>
<tr>
<td>Type of Purchasing Record</td>
<td>Minimum Retention Period</td>
<td>Derivation</td>
<td>Final action</td>
<td>Code</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>------------</td>
<td>--------------</td>
<td>------</td>
</tr>
<tr>
<td>Stock control reports</td>
<td>18 months</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Stores records – major (e.g. stores ledgers)</td>
<td>6 years</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Stores records – minor (e.g. requisitions, issue notes, transfer vouchers, goods received books)</td>
<td>18 months</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Supplies records – minor (e.g. invitations to tender and inadmissible tenders, routine papers relating to catering and demands for furniture, equipment, stationery and other supplies)</td>
<td>18 months</td>
<td></td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
<tr>
<td>Tenders (successful)</td>
<td>Tender period plus 6 year limitation period</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>C</td>
</tr>
<tr>
<td>Tenders (unsuccessful)</td>
<td>6 years</td>
<td>Limitation Act 1980</td>
<td>Destroy under confidential conditions</td>
<td>S</td>
</tr>
</tbody>
</table>