MEDICAL SERVICES

PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

Standards

Atos Healthcare

Document Processing and Retention Handbook

MED-DPRH01

Version: 1 (final)
14 February 2011

Document Control

Superseded documents

This document replaces the **Document Retention Handbook (MED-DRH01)**

Version history

Version	Date	Comment
1 (final)	14 February 2011	First Final Issue

Changes since last version

Outstanding issues and omissions

Updates to Standards incorporated

Update to Standard Issue 17/2009

Update to Standard Issue 18/2009

Issue control

Author:	Name redacted
Owner and approver:	DWP Service Delivery Director

Contents

1. About this document

1.1 Purpose

This handbook provides guidance on document retention for all business areas within Atos Healthcare (AH).

1.2 Applicability

This handbook is applicable to all business areas within AH.

1.3 Owner

The DWP Service Delivery Director owns this document.

The owner is responsible for approval of this document and all related feedback should be addressed to them.

1.4 References

The following guide is referred to in this document:

- The Data Protection Act within Medical Services (MED-TDPAWMS01).

2. Introduction

When considering document processing and retention, the principles of the Data Protection Act and Atos Origin security policies should be followed.

This guide should, therefore, be used in conjunction with the guide “The Data Protection Act within Medical Services (MED-TDPAWMS01)”. It should also be used in conjunction with the security standards contained in the Security Management section of LiveLink.

3. Security

3.1 Processing Documents

When you are working on Customer documentation, you need to ensure that they cannot be seen by anyone who is not authorised to see them and when not in use, they need to be secured.

When processing documentation in Atos Healthcare, the following principles should be adhered to:

- Personal/Claimant records shall be processed in line with legislative requirements including the Data Protection Act 1998.
- Personal/Claimant records shall be assigned a “Restricted” security classification.
- Access to records shall be limited to those with a legitimate “need to know”.
- Personal/Claimant records shall be stored under conditions that make accidental or opportunist compromise unlikely and deter deliberate compromise. This means:
    - Storage in locked cabinets/rooms or password-protected electronic files;
    - Transmission in an approved secure fashion;
    - Disposal in an approved secure fashion.

3.2 Storage and Disposal of Documents Retained

All hard copies of documents must be stored in **lockable cabinets and lockable rooms** for the time period stipulated or when not being used.

After the stipulated retention period, paper records containing protected personal data must be destroyed by incineration, pulping, shredding or placed in confidential waste so that reconstruction is unlikely.

4. Finance

The following finance related documentation held within all areas of AH must be retained as long as there is a business need, which will be a minimum of six **years following the end of the tax year in which it is received:**

- Invoices to customers & supporting documentation
- Invoices from suppliers & supporting documentation
- Doctor's fees claims (e.g. MX41, invoice, etc.)
- VPP Centre doctor's DV fee claim (DVC1)
- Claimant's expenses claims
- Payment run details (VPP Centre payroll details). VPP Centre hold these details for the required period, a local record should be retained for 12 months.
- Details of manual cheques issued
- Doctor's expenses
- Training expenses (e.g. TC1, invoice, etc.)

All other finance related documentation (including those listed below) must be retained for 2 years **following the end of the tax year in which it is received:**

- Goods Received Notes (GRNs)
- Statements from suppliers
- Journals raised
- Account reconciliation.

Details of how these documents must be retained and destroyed can be found at Section 3.

5. Quality (ISO Related)

All documents required to demonstrate conformance to the Quality System (ISO), the effective operation of the Quality System (ISO) and the achievement of the required quality must be retained for a minimum of one calendar year unless stated.

Current versions of all procedural documentation must be retained until superseded by an update or deleted from the standards catalogue.

6. Operations – Administration

Operational units must retain the following administration documentation for the time periods stipulated to facilitate the audit process. However, Units must always remember the guiding principle of the Data Protection Act; that documentation should be retained as long as there is a business need.

Details of how these documents must be retained and destroyed can be found at Section 3.

• Manual statistical returns	12 Months
• System produced MIS	12 Months (held by MSIT)
• AC1 & AC3 forms	18 Months
• POID 1*****	14 Months
• Complaint correspondence	3 Years following the last action taken on the complaint
• SCIT records	7 Years
• SMART Data Integrity Change Requests	2 Years
• Dr Weekly Timesheets	6 Months
• Incident Reports	6 Months following closure of incident
• Maintenance contracts	12 Months after expiry
• Rework proforma – RWK2 (Rev)	2 Years - to be held in the IQAS quality file

*****Retention of the POID 1 is only for instances where there is no supporting case file in which to store the form.

Any other documentation not specifically named above but which is utilised for administration purposes within AH must be retained for 18 months.

7. Operations – Medical

Any papers that need to be retained should be reviewed to ensure that **all** claimant identifiers are deleted, either with indelible marker or with tippex.

7.1 IQAS Related Documentation

All Audit form 1's are to be retained for a minimum period of two years either in the doctor's quality file or filed separately depending on the storage arrangements of individual sites. However, it is the responsibility of the Site Manager to ensure all IQAS related information is kept in a lockable cabinet at all times.

7.2 DWP Contract

Once a contract is ended all medical documentation held, must be either forwarded onto the incoming contractor or if this is not possible, returned to the Customer to be held securely. CMMS will provide advice regarding what action should be taken with all other data held at the end of the contract.

7.2.1 Unexpected Findings (UE1 (Rev) Form)

One exception to the above rule is the UE1 (Rev) form, which is used by a doctor if, during an examination, they encounter unexpected findings. A completed copy of this document must be retained on the doctor's personal file for **10 years** and a copy held on the CSD file, retained for **3 Months**.

Observation form

Please photocopy this page and use it for any comments and observations on this document, its contents, or layout, or your experience of using it. If you are aware of other standards to which this document should refer, or a better standard, you are requested to indicate this on the form. Your comments will be taken into account at the next scheduled review.

Name of sender: _____ Date:_____

Location and telephone number:_____

Please return this form to Atos Healthcare, Process Design Team. Email to R Process Design