

# **Procedure: Archiving and Destruction of TSDFT Records**

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## Document Information

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<b>Links or overlaps with other procedures:</b>
Policy – Records Management (Information Lifecycle)
Policy – Retention and Disposal Health and Adult Social Care Records
Policy - Retention and Disposal Corporate Records
Schedule – Retention and Disposal
Policy – Trustwide Confidential Waste
Procedure – Confidential and Safe Storage of Medical Records Offsite
Procedure - Uplift of Health and Social Care Records from Iron Mountain
Procedure - Retrieval of Health and Social Care Records from Iron Mountain Storage

## Amendment History

Issue	Status	Date	Reason for Change	Authorised
0.1	Draft	16/03/2017	new procedure to cover both Health and Corporate Records	IGSG
0.2	Draft	21/03/2017	Updates from DP/FOI Lead & Head of DP/FOI & Clinical Coding	
1.0	Operational	22/03/2017	Final	HIS Director
1.1	Draft	07/03/2019	New DP regs update	
1.2	Final	01/05/2019	Version Change	

## Table of Contents

1. Purpose of Document.....	3
2. Introduction .....	3
3. Procedure .....	4
4. Destruction of Records.....	6
5. Appendices .....	8
6. Review .....	10
7. Contact Details.....	10

### 1. Purpose of Document

- 1.1 The purpose of this document is to set out the procedure to be followed when archiving or destroying records belonging to Torbay and South Devon NHS Foundation Trust.

### 2. Introduction

- 2.1 It is a fundamental requirement that all of the TSDFT records are retained for a minimum period of time for legal, operational, research and safety reasons. The length of time for retaining records will depend on the type of record and its importance to the Trust's business functions.

This document supports;

- [TSDFT Records Management \(Information Lifecycle Policy\)](#)
- [TSDFT Retention and Disposal of Health and Adult Social Care Records Policy.](#)
- [TSDFT Retention and Disposal of Corporate Records Policy](#)

- 2.2 Records may be archived at any point following discharge/termination of employment from the service or death.  
Consideration should be given to the likleyhood of re-referral to the service and also the necessity to retain records for complaints or audit purposes.

Records must be archived in line with the [Trust's Retention and Disposal Policies](#) and [Schedule](#)

- 2.3 TSDFT options for archiving are;

- 2.3.1 Identify a secure area within the service unit for archived records storage.

Storage accommodation should be clean and tidy, should prevent damage to the records and provide a safe working environment for staff.

Records storage areas should be;

Secure with authorised access only and locked when left unattended, equipped with suitable racking/cabinets to allow easy retrieval of records, dry with acceptable levels of humidity.

Compliant with fire regulations

- 2.3.2 Transfer to Clinical Document Management System (CDMS)

The Trust approved CDMS provider is CIVICA. If you are considering archiving your records into the CDMS please contact;  
IT Projects Change and Training Manager 01803 653510 or  
[stephanie.green@nhs.net](mailto:stephanie.green@nhs.net)

### 2.3.3 Transfer records to the Trust approved provider for off site storage, Iron Mountain.

If you are unsure which option is best for your service please contact the relevant department below;

Health and Adult Social Care Records:  
Health Records Department on 01803 654577 or [sdhis.recordsgovernance@nhs.net](mailto:sdhis.recordsgovernance@nhs.net)

Corporate Records:  
Data Access and Disclosure Office; 01803 654868 [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net)

## 3. Procedure

### Records to be archived off site

Iron Mountain is the name of the Company who store the information we archive offsite.

Each time a record is retrieved/returned from/to off site storage a cost is incurred.

### 3.1 Services archiving for the first time

If you are new to archiving off site please contact;

Health and Adult Social Care Records: Health Records Department on 01803 654577 or [sdhis.recordsgovernance@nhs.net](mailto:sdhis.recordsgovernance@nhs.net) in the first instance who will guide you through the initial stages of obtaining quotes and costings.

Corporate Records: Data Access and Disclosure Office; 01803 654868  
[dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net)

### 3.1.1 Identify records for archiving and complete an inventory – [Appendix A](#) to include the following information;

Record Type, i.e. Community Nursing Records, Paignton./Physiotherapy Staff  
Personel Records  
Patient ID (NHS Number)  
Patient/Staff Surname/Forename  
Date of Birth  
Indicate if the patient/staff member is discharged from the service or deceased/left the organisation  
Box number  
Date sent for Archiving  
Date for Destruction – please refer to the [Trust Retention and Disposal Policies](#) and Retention and Disposal [Schedule](#)

### 3.1.2 **Community Service Delivery Units**

Contact the relevant department see 3.1 and request;

- Iron Mountain boxes
- Transmittal Sheets
- Barcode Labels

3.1.3 Please consider the following;

- Iron Mountain boxes come in packs of 10. They are supplied as flat packs with a base and lid.
- Barcodes: each box needs to be barcoded for collection by Iron Mountain.(Iron Mountain are unable to collect any unbarcoded boxes)
- Transmittal Sheet: this needs to be completed with the information identifying the records contained within each box and then checked against the bar code on the box. (Iron Mountain are unable to collect any boxes without transmittal sheets) Photocopy the completed transmittal sheet and place one for collection by Iron Mountain and retain one for your records.

**NB. Transmittal sheets must not be placed in boxes or secured to the lid of the box**

3.1.4 Request to collect boxes: to arrange a collection or to request to have a box returned: contact the relevant department as per 3.1

3.1.5 The person who is archiving must ensure that they are archiving the correct documentation. All records in a box must be due for disposal/destruction at the same time.

Before placing the records into a box ensure an inventory has been completed - [Appendix A](#) detailing each patient/client record/record type that is being placed into the box. It is important that a copy of this inventory is retained in the department.

3.1.6 On completion of the Transmittal form the two part barcode label should split with the biggest label part place on the box where indicated and the smaller label placed onto the transmittal form where indicated, [See Appendix I](#)

3.1.7 The Information Asset Register must be updated to reflect the new arrangements. Details should be sent to:

Health and Social Care Records - [sdhis.recordsgovernance@nhs.net](mailto:sdhis.recordsgovernance@nhs.net)  
Corporate Records - [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net)

3.1.8 Records will remain the responsibility of the designated Information Asset Owner

3.2 Retrieval of Records from Iron Mountain Storage

Please contact the relevant department as per 3.1.7 who will arrange retrieval and delivery.

**3.3 Acute Services (SDU's)**

Acute Services who wish to archive offsite will be required to liaise with Iron Mountain direct, please contact;

Health and Adult Social Care Records:  
Health Records Department: 01803 654577 or [sdhis.recordsgovernance@nhs.net](mailto:sdhis.recordsgovernance@nhs.net).

Corporate Records:

Data Access and Disclosure Office: 01803 654868 [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net)

in the first instance who will guide you through the initial stages of obtaining quotes, costings and access to Iron Mountain Connect

- 3.3.1 Identify records for archiving and create an inventory as per 3.1.1
- 3.3.2 Ensure boxes are labelled and transmittal sheets are completed as per 3.1.3/3.1.5/3.1.6
- 3.2.3 Contact Iron Mountain to arrange collection
- 3.2.4 Confirm the new storage arrangements as per 3.1.7

### 3.3 Retrieval of Records from Iron Mountain Storage

Records can be retrieved via Iron Mountain Connect

### 3.4 Records to be archived within TSDFT Premises

If you are unsure if premises are suitable for records storage please contact; on 01803 654577 or [sdhis.recordsgovernance@nhs.net](mailto:sdhis.recordsgovernance@nhs.net)

- 3.4.1 Complete an inventory of records to be archived as per 3.1.1
- 3.4.2 Confirm the new arrangements as per 3.1.7

## 4. Destruction of Records

**NB. at the time of writing this procedure the Trust is complying with the [IGA Code of Practice](#) guidance to not destroy service user records in line with the request from the Child Sex Abuse Inquiry (IICSA): For further guidance please contact the [igteam.sdhis@nhs.net](mailto:igteam.sdhis@nhs.net)/[sdhis.recordsgovernance@nhs.net](mailto:sdhis.recordsgovernance@nhs.net)**

- 4.1 The destruction of records is an irreversible act and should only be undertaken in line with the [TSDFT Records Management \(Information Lifecycle Policy\)](#) and [TSDFT Retention and Disposal Policy/Schedule](#)
- 4.2 Before records can be destroyed they must be appraised taking into account;
  - Minimum Retention Period
  - Is the record subject to any historic or ongoing litigation or complaints?
  - Has the business use ceased?

Should the record be considered for permanent preservation? for further information please refer to TSDFT Records Management (Information Lifecycle or [National Archives](#) guidance

- 4.3 If following appraisal the decision is to destroy, the following process should be followed;

- 4.3.1 Information Asset Owner makes the decision to destroy records
- 4.3.2 An inventory – [Appendix A](#) detailing the records to be destroyed should be completed and should include the following information;

- Surname
- Forename
- NHS Number if applicable
- Date of Death if applicable
- Date of Discharge/leaving organisation
- Date for Destruction
- Confirmation that records have been appraised
- Person Authorising Destruction
- Destroyed by
- Destruction Certificate Number

- 4.3.3 Final authorisation for destruction will be requested from the appropriate group as detailed below;

Health and Social Care Records – Request to be submitted to the Health and Adult Social Care Committee via the Health Records Governance Support [sdhis.recordsgovernance@nhs.net](mailto:sdhis.recordsgovernance@nhs.net)

Corporate Records - Request to be submitted to the Information Governance Steering Group via the Data Protection Lead - [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net)

The IAO will be informed of the decision which will be recorded in the meeting notes.

- 4.3.4 All confidential waste must be destroyed in line with [The Trustwide Confidential Waste Policy](#)

#### 4.4 Destruction of records stored with Iron Mountain

- 4.4.1 IAO to review records annually and identify when records have reached their minimum retention period, in line with the Trust Retention and Disposal Policies and [Retention and Disposal Schedule](#)
- 4.4.2 IAO to provide an inventory of records to be destroyed including box number, reason for destruction and signed authorisation to destroy. See [Appendix A](#)
- 4.5 Final Authorisation to Destroy – see 4.3.3
- 4.5.1 Following authorisation the Health Records Practice Manager/Data Protection Lead will make a request to Iron Mountain to destroy the records.
- 4.5.2 Iron Mountain will confirm the records to be destroyed and request signed authorisation from the Health Records Practice Manager/Data Protection lead
- 4.5.2 Iron Mountain will confirm when records have been destroyed and provide a destruction certificate
- 4.5.3 A copy of the destruction certificate will be retained by the Information Asset Owner

#### 4.6 Destruction of Electronic Media

The secure destruction of computer media is undertaken by the HIS Department. Please contact them for advice via the Service Desk (#6282 / 0300 500 7000).

## 5 Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the UK's current data protection legislation in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime has 6 principles that need following which require that personal data shall be:

1. Processed fairly, lawfully and in a transparent manner.
2. Collected for specified, explicit, and legitimate purposes and not further processed for other purposes, incompatibly with the original purpose.
3. Adequate, relevant and limited to what is necessary in relation to the purposes.
4. Accurate and kept up to date.
5. Kept in a form that permits identification no longer than is necessary.
6. Processed in a way that ensures appropriate security of that personal data.

Have all of the data protection principles been considered in the development or update of this policy? Yes  No

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.

## 6 Appendices

Appendix A [Profoma – Records Archived or Destroyed](#)

Appendix B [IGA Records Management Code of Practice Health and Social Care Records 2016](#)

Appendix C [Records Management \(Information Lifecycle Policy\)](#)

Appendix D Retention and Disposal of Health and Adult Social Care Records Policy – to follow

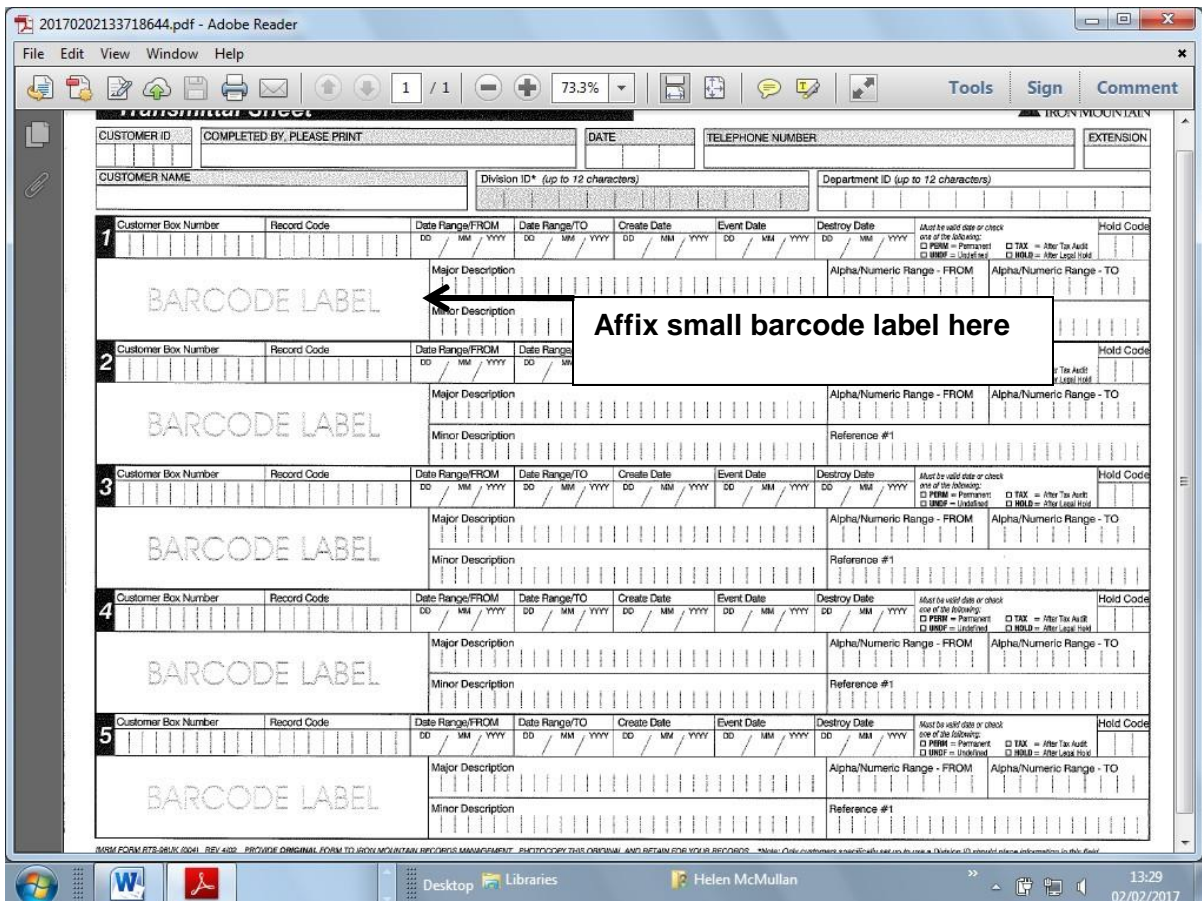
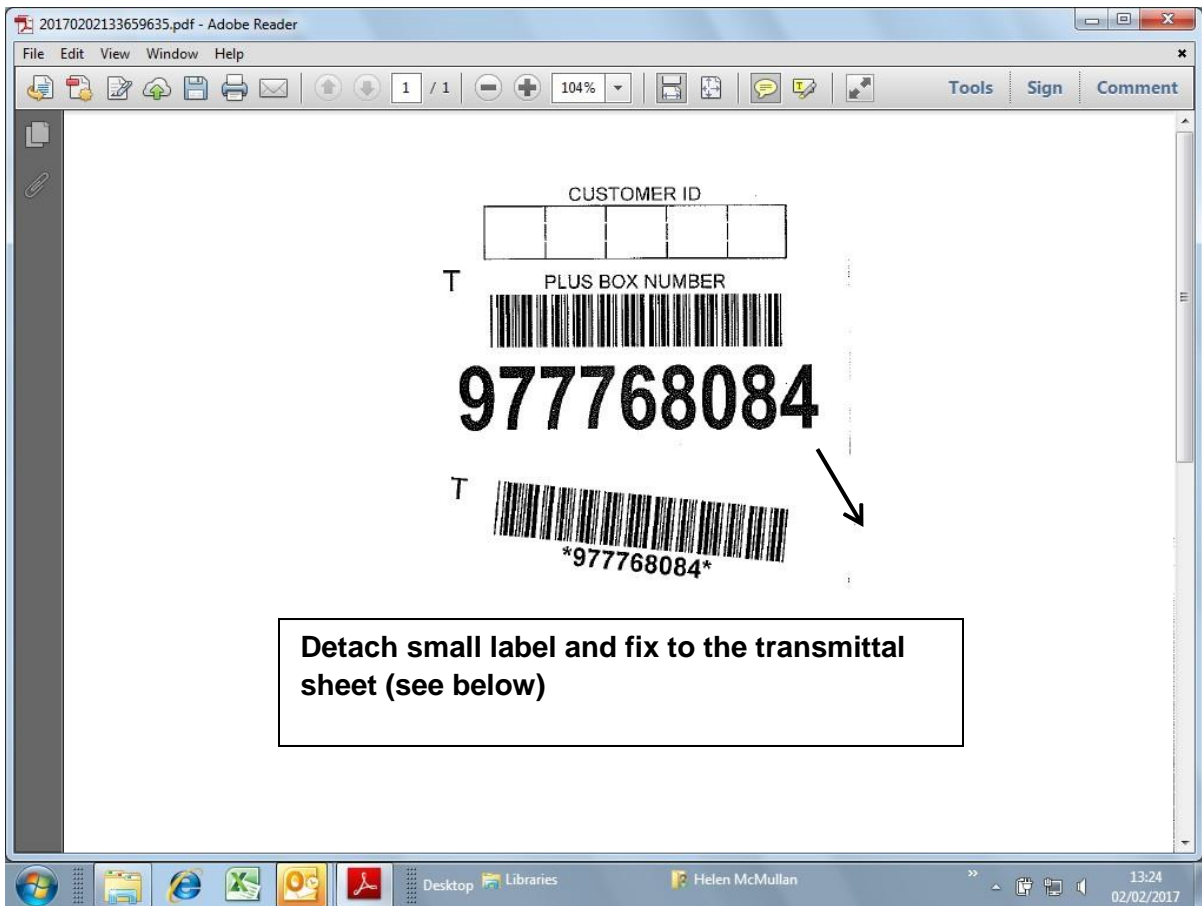
Appendix E [Retention and Disposal of Corporate Records Policy](#)

Appendix F [Retention and Disposal Schedule](#)

Appendix H [Trustwide Confidential Waste Policy](#)



Appendix I Transmittal Sheet and Labels



## **6. Review**

A review of this document will be conducted every year or following a change to associated legislation and is the responsibility of the Health Records Practice Manager

## **7. Contact Details**

Health Records Practice Manager

Telephone: 001803 654577

Email: [sdhis@recordsgovernance@nhs.net](mailto:sdhis@recordsgovernance@nhs.net)