



THE STATE HOSPITALS BOARD FOR SCOTLAND
RECORDS RETENTION AND DISPOSAL POLICY

Policy Reference Number	IG28	Issue: 1.0
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Advisory Group	Information Governance Group	
Approval Group	Policy Approval Group (PAG)	
Implementation Date	28 September 2023	
Next Review Date	28 September 2026	
Accountable Executive Director	Director of Finance and eHealth	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

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1. Introduction

Under the Public Records (Scotland) Act 2011, The State Hospital (TSH) is required to have robust Records Management processes in place. This includes the retention and destruction of records, both clinical and non-clinical.

Records should be managed in line with the Scottish Government's Records Management Health and Social Care Code of Practice (Scotland) 2020. ***(NB – the Code of Practice is currently under review – this policy will be updated in line with any changes made to minimum retention time periods).***

2. Purpose

The purpose of this document is to provide staff working within TSH with guidance on how to manage records, ensuring retention timescales are adhered to and destruction is carried out in an agreed, secure manner. It will:

- Set out the retention periods of clinical and non-clinical records, regardless of the media on which they are held
- Ensure good Records Management practice in relation to the retention of TSH records, adhering to relevant guidance and legislation
- Ensure that records are retained and disposed of appropriately, using consistent and documented retention periods
- Include the permanent preservation of records which have archival value
- Support TSH in demonstrating public accountability through the proper retention of records which meets responsibilities under the Public Records (Scotland) Act 2011 (PR(S)A) as well as Data Protection legislation

3. Scope of the policy

This document applies to all staff involved in the creation and receipt of both paper and electronic documents, or who use these records at any point in their lifecycle. It is inclusive of both clinical and non-clinical data.

4. Roles and Responsibilities

All TSH staff who create, receive and use documents and records, have records management responsibilities. All staff must ensure that they manage these in accordance with this guidance and in keeping with the Corporate Records Policy, Health Records Policy and relevant local/national policies and guidance.

Some roles attract additional responsibility with regard to records management:

Chief Executive

Overall responsibility for records management within the organisation is held by the Chief Executive under the PR(S)A. This is laid out in the Records Management Plan (RMP).

Caldicott Guardian

Special responsibilities relating to the management of clinical records are included in the role of the Caldicott Guardian for the organisation.

Records Services Manager

The Records Services Manager is responsible for the operational management of records throughout the organisation, as well as submission of and adherence to the RMP.

Records Services Department staff

Departmental staff are responsible for the operational management of clinical records, and for providing advice and support to colleagues in relation to the management of corporate records.

5. How long records should be retained?

The length of time that records should be retained will depend on:

- Type of record
- Legal requirements
- Importance of record to TSH
- Historical significance

Data protection legislation states that where personal information is held, this should not be retained longer than necessary.

TSH specific retention timescales are listed in The State Hospital Records Retention Schedules for Clinical and Non-Clinical records. This document is located within the Information Governance category on the policies & procedures intranet page: [Policies & Procedures \(scot.nhs.uk\)](https://scot.nhs.uk). The schedules will be maintained and updated on a quarterly basis by the Records Services Manager.

6. Disposal of records

Records should be disposed of in a secure manner – this is essential where confidential data is included.

- Paper records should be shredded using the agreed appliances available throughout the organisation, or by utilising the bulk shred facilities offered by the Records Services Department.
- Digital records should be deleted from systems/drive space in line with agreed procedures, following advice from the eHealth Department if required. Care should be taken to ensure copies are also destroyed where appropriate.

If records are being destroyed, an entry should be made in a destruction register (see Appendix 1). This is not necessary for all individual documents – however is required for groups of records (e.g. staff records – left 2013). This is essential for evidence if needed to respond to requests under Freedom of Information or Data Protection legislation.

For advice on records disposal please contact Records Services Department staff.

7. Permanent preservation of records

Some records may require to be retained permanently, or for an extended period of time, due to legal reasons or historical interest. These records should be discussed with the Records Services Manager to ensure proper procedures are followed with regard to future proofing these records and ensuring best practice is followed.

8. Related Documents at The State Hospital

- IG24 Corporate Records Policy and Procedures
- IG02 Health Records Policy and Procedures

9. References

Records Management Health and Social Care Code of Practice (Scotland) 2020 available at [RECORDS MANAGEMENT HEALTH AND SOCIAL CARE CODE OF PRACTICE \(SCOTLAND\) 2020 | Information Governance](#)

10. Further Advice

Advice on any aspect of records management, and in particular regarding the retention of records, can be sought from the Records Services Manager or any member of the Records Management Department.

11. Equality and Diversity

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

12. Stakeholder Engagement

Key Stakeholders	Consulted (Y/N)
Patients	N
Staff	Y
TSH Board	N
Carers	N
Volunteers	N

13. Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all relevant TSH stakeholders via the intranet and through the staff bulletin.

The Information Governance Group will be responsible for the implementation and monitoring of this policy.

This policy document will be reviewed on a three yearly basis and updated when required taking into account any new legislation and the operational requirements of TSH.

APPENDIX 1: Record Destruction Log

Classification	Record Type	Medium	Start Date	End Date	Number of Records	Retention Period	Reason for Destruction	Date of Disposal	Method of Disposal	Notes
<i>Statistics</i>	<i>Monthly stats</i>	<i>Paper</i>	<i>2006</i>	<i>2015</i>	<i>Unknown</i>	<i>3 years</i>	<i>Past retention period</i>	<i>May 2020</i>	<i>Bulk shred</i>	