

## **Retention and Disposal of Records Policy and Procedure**

### **Key Points**

- **This document applies to both Corporate and Medical Records**
- **The Medical Record Retention and Destruction Policy is at Attachment 2**

**Ratified Date: February 2008**

**Ratified By: Information Governance Committee**

**Review Date: February 2011**

**Meta Data**

<b>Document Title:</b>	Retention and Disposal of Records Policy and Procedure
<b>Document Number:</b>	
<b>Document Author:</b>	Bridget Francis
<b>Accountable Director:</b>	Director of Governance and Standards
<b>Source Directorate:</b>	Healthcare Governance
<b>Date Ratified:</b>	February 2008
<b>Date Of Release:</b>	February 2008
<b>Review Date:</b>	February 2011
<b>Related documents</b>	Freedom of Information Policy Records Management: NHS Code of Practice Medical Record Retention and Disposal Policy (Attachment 2) Confidentiality: Management, Security and Disclosure of Confidential Information Policy and Procedure HISS Case Note Tracking Policy Record Keeping in Healthcare Policy Risk Management Policy and Procedures
<b>Relevant External Standards/ Legislation</b>	Records Management: NHS Code of Practice NHSLA Standards Information Governance Toolkit Healthcare Standards Data Protection Act Access to Health Records Act 1990
<b>Stored Centrally:</b>	Electronic copy on Intranet site

**Revision History**

<b>Version No.</b>	<b>Date of Release</b>	<b>Document Author</b>	<b>Ratified by</b>	<b>Date Ratified</b>
V1.0	Feb 08	Information Governance Manager	IGC	Feb 08
V1.1	Feb 08	Information Governance Manager	MRC	April 08

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**Attachment 1**      Retention of Corporate Records Schedule  
**Attachment 2**      Medical Record Retention and Disposal Policy

## **1 Introduction**

NHS organisations are under a duty (as indicated in the Public Records Act 1958) to keep all NHS records (i.e. patient, staff and business records) for a minimum number of years.

The Department of Health publishes circulars which detail record retention requirements, of these the most relevant one for Acute Trusts is the HSC 1999/053 “For the Record”, see:

<http://www.dh.gov.uk/assetRoot/04/01/20/36/04012036.pdf>

This Policy and Procedure applies to the Trust's statutory obligation in relation to the retention and disposal of records. This Policy and Procedure does include retention and disposal of medical/health records at **Attachment 2**. This Policy and Procedure will provide a framework within, which the Trust will ensure compliance with retention and disposal legislation and guidance. The Policy and Procedure will underpin any operational procedures and activities connected with the implementation of said legislation and guidance.

## **2 Definitions**

### **2.1 Disposal:**

“Disposal” in this context does not just mean Disposal: it embraces any action taken [or yet to be taken] to determine the fate of records including transfer to a permanent archive.

### **2.2 Review**

Where it is not yet possible to determine the disposal mode and times of records, they may be scheduled for “Review” at a later date. This type of review involves bringing forward the records at a later date at which it is hoped to determine their final disposal.

### **2.3 Retention**

“Retention” usually means the length of time for which records are to be kept. Thus it normally represents and will be expressed as a disposal period.

## **3 Scope**

This Policy and Procedure applies to:

- all Trust staff including temporary, staff, volunteers and students involved in the destruction/retention of information or records;
- electronic and manual health records;
- all records held locally in departments;
- all clinical and non-clinical records;
- X-rays;
- Scanned images.

#### **4 Purpose**

The Purpose of this Policy is to:

- ensure the Trust is compliant with The Freedom of Information Act 2000 and with particular relevance to the Code of Conduct on Records Management issues under Section 46 of the said Act;
- provide the minimum periods of retention of corporate and clinical records in a format that does not involve having to read lengthy circulars;
- lists how documents/files should be destroyed when no longer required and how and when to store if records need to be retained for a longer period of time than that specified within the relevant circular;

#### **5 The Trust's Approach to Retention and Disposal of Records**

The Policy supports the principle that all records should be managed in a way that allows the information contained within them to be available to the person who needs them, at the time and place they are needed. The Policy provides the Trust with the necessary guidance in relation to our legal obligation and practical necessities for retaining and disposing of Trust records.

#### **6 Retention and Disposal procedures for corporate and clinical records**

This Procedure is concerned with corporate and clinical records, i.e., those that concern the business of the organisation. It may however be incorporated into a wider records management system covering all records within the organisation.

The records may be held electronically and/or manually and may contain information from any of the categories below:

- Clinical records
- Administrative records including: HR, estates, financial and accounting (e.g. budget information, annual report information);
- Information concerning complaint handling;
- Manual (e.g. telephone messages, working papers);
- Printouts of audit trails from computer/automated systems;
- Microfiche;
- Audio tapes, cassettes;
- Video tapes, CD-Rom;

- Computer media e.g. CDs, floppy discs;
- Computer output e.g. paper, printout.

Regardless of type there is usually a requirement to keep a record for a minimum number of years. This period of time is calculated from the end of the calendar or accounting year following the last entry in the record (e.g. manual file, computer record).

## **6.2 Storage of records**

Hard copy records should be stored in a secure location when not being used e.g. lockable filing cabinets, cupboards, rooms (locked and if appropriate alarmed outside of normal working hours)

The accommodation should comply with health and safety requirements and have proper environmental controls and adequate protection against fire, flood and theft.

Electronic information should be stored on a suitable location on one of the Trust Servers. Version control should be used in storing electronic information. Only one copy of approved documentation should be stored. Standards in record keeping will be developed to address these issues fully.

## **6.3 Disposal of Records**

Disposal is wider than just destruction. it can also refer to the transfer of records from one media to another e.g. paper records to CD Rom, or the transfer of records from one organisation to another e.g. authorised archive office.

When using another organisation to archive records it is essential an agreement/contract is in place detailing how the records will be archived and who will be allowed access to them.

When an archived record is accessed a note must be made of:

- the date access occurred,
- the details of the person gaining access
- the reason access was required.

When a record is removed from the archive a note must be made of:

- the taker of the record,
- the taker's signature or a receipt from them,
- the expected date of return,
- the date the record is returned.

## **6.4 Destruction of Records**

The destruction of records is an irreversible act. Many NHS records contain sensitive and/or confidential information and their destruction must be undertaken in secure locations and proof of secure destruction may be required. destruction of all records, regardless of the media, should be conducted in a secure manner to ensure there are safeguards against accidental loss or disclosure.

The normal destruction methods used within the NHS are:

- shredding,
- pulping
- incineration

## **7. Retention of Corporate Records Schedule**

The Retention of Corporate Records Schedule (**Attachment 1**) outlines the retention and disposal times for corporate records. This Schedule is based on HSC1999/053. This is not an exhaustive list and changes and amendments may need to be made according to Trust and Directorates needs.

## **8. Retention of Medical Records Policy**

The Retention of Medical Records Policy, adapted from the Records Management: NHS Code of Practice is at **Attachment 2**.

## **9. Responsibilities**

### **9.1 Individuals**

#### **9.1.1 Chief Executive**

The Chief Executive has delegated responsibility to the Director of Governance and Standards for implementation and review of this Policy and Procedure.

#### **9.1.2 Director of Governance & Standards**

The Director of Governance and Standards is responsible for Information Governance within the Trust. She/he will report to the Trust Board in relation to Governance issues relating to retention and disposal and will liaise with the Director of ICT/Medical Records as required.

#### **9.1.3 Executive Directors**

Executive Directors are responsible for ensuring that retention and disposal of records is undertaken in line with this Policy and Procedure within their areas of responsibility.

#### **9.1.4 Director of ICT**

The Director of ICT is responsible for ensure that retention and disposal of Medical Records is undertaken line with this Policy and Procedure.

#### **9.1.5 Trust Information Governance Manager**

The Information Governance Manager has day to day responsibility for the management of information governance issues relating to retention and disposal. The Trust Information Governance Manager will liaise with the Medical Records Department appropriately and will provide reports to the Information Governance Committee, Medical Records Committee and Governance & Risk Committee.

#### **9.1.6 Individual Staff Responsibilities**

All staff are responsible for ensuring that retention and disposal of records is in line with this Policy and Procedure.

All managers, including managers of locally held records, must be identified as responsible for each record type and for ensuring that there is an appropriate system for registering the existence of the record through to final disposal.

The Trust recognises that some staff may have a disability such as visual impairment. It is the responsibility of the directorate to make reasonable adjustments such as providing this policy in large print or in Braille on request.

### **9.2 Board and Committee Responsibilities**

#### **9.2.1 Trust Board**

The Trust Board is responsible for assuring that appropriate retention and disposal systems are in place to enable the organisation to deliver its objectives. It will delegate operational responsibility for retention and disposal to the Governance and Risk Committee, Information Governance Committee and Medical Records Committee.

#### **9.2.3. Governance & Risk Committee**

Retention and disposal is a component of the Trust's overall Governance agenda. The Governance & Risk Committee is responsible for ensuring that all aspects of retention and disposal relating to corporate records are managed throughout the organisation.



#### **9.2.4 Medical Records Committee**

The Medical Records Committee manages and oversees implementation of the retention and disposal of medical records.

### **10. Training**

The Information Governance Department will ensure provision of training for relevant managers, supervisors and staff to enable them to carry out their duties and responsibilities relating to retention and disposal of corporate records.

The Medical Records Department will ensure provision of training for relevant managers, supervisors and staff to enable them to carry out their duties and responsibilities relating to retention and disposal of medical records.

### **11. Compliance**

The Freedom Information Act came into force in January 2000 and non-compliance will mean that the Trust is in breach of this legislation. The consequences for the Trust include, fines, litigation, and adverse publicity.

This Policy and Procedure will ensure that the Trust is compliant with the Freedom of Information Act, particularly Section 46 and the Code of Conduct on Records Management.

### **12. Launch Plan**

The launch plan for the Retention and Disposal of Records Policy and Procedure

- Ratification by Medical Records Committee
- Information Governance Committee
- E Communication to all Trust staff.
- Addition to Trust intranet.
- Article in Heartbeat.

### **13. Review**

This Policy and Procedure will be reviewed every 3 years by the Information Governance Manager and the Head of Medical Records.

The effectiveness of retention and disposal will be evaluated by use of the following tools:

- The FOI Procedure.
- Information Governance Toolkit.
- Healthcare Commission.
- NHSLA Risk Management Standards

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End of Policy and Procedure

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Retention and Disposal of Corporate Records (Schedule) – Attachment 1

<b>ESTATES</b>		
Approved Suppliers Lists	11	Consumer Protection Act 1987
Building and engineering works, inclusive of major projects abandoned or deferred - key records, (e.g. Final accounts, surveys, site plans, bills of quantities)	Permanent	
Building and engineering works, inclusive of major projects abandoned or deferred - town and country planning matters and all formal contract documents (e.g. Executed agreements, conditions of contract, specifications, “as built” record drawings and documents on the appointment and conditions of engagement of private buildings and engineering consultants.	These documents must be considered for permanent preservation but advice on appropriate place of deposit is to be obtained before any final decision is made	The general principle to be followed in regard to these records is that they should be preserved for the life of the buildings and installations to which they refer.
Buildings - papers relating to occupation (but not Health 7 Safety information)	3	After occupation ceases. Construction Design Management Regulations 1994
Contracts - Non sealed (Property) on termination	6	The Limitation Act 1980
Contracts - Non sealed (other) on termination	6	The Limitation Act 1980
Contracts - sealed	Contracts under seal and associated records should be kept for a	These documents must be considered for permanent preservation

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	<b>minimum</b> of 15 years	but advice on appropriate place of deposit is to be obtained before any final decision is made
Deeds of Title	Permanent	
Drawings	The general principle to be followed in regard to these records is that they should be preserved for the life of the buildings and installations to which they refer.	These documents must be considered for permanent preservation but advice on appropriate place of deposit is to be obtained before any final decision is made
Engineering works	Permanent	
Equipment	11	Consumer Protection Act 1987
Inspection Reports - e.g. Boilers, lifts etc.	Lifetime	Normally retain for the lifetime of an installation. However, it is necessary to assess whether obligations incurred during the lifetime may not be invoked until afterwards, in which case a judgement must be made. If there is any measurable risk of a liability in respect of installations beyond their operational lives, records of this kind should be retained indefinitely.
Inventories (not in current use) of items having a life of less than 5 years	1.5	

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Land Surveys/Registers	These documents must be considered for permanent preservation but advice on appropriate place of deposit is to be obtained before any final decision is made	
Manuals	Lifetime	
Manuals - policy and procedure	These documents must be considered for permanent preservation but advice on appropriate place of deposit is to be obtained before any final decision is made	
Maps	These documents must be considered for permanent preservation but advice on appropriate place of deposit is to be obtained before any final decision is made	
Mortgage documents (acquisition, transfer and disposal)	Permanent	
Plans - Building (As Built)	These documents must be considered for permanent preservation but advice on appropriate place of deposit is to be obtained before any final decision is made	
Plans - Buildings (Detailed)	Lifetime	<b>See</b> Inspection reports
Plans - Engineering	Lifetime	<b>See</b> Inspection reports
Products - Liability	11	Consumer Protection Act 1987
Project Files (under £100,000) on termination - including abandoned or deferred projects	6	
Project Team Files - summary retained	3	
Property Acquisitions Dossiers	Permanent	
Property Disposal Dossiers	Permanent	
Site Files	As per Contracts	

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Structure Plans (LA's)	These documents must be considered for permanent preservation but advice on appropriate place of deposit is to be obtained before any final decision is made	
Surveys - building and engineering	These documents must be considered for permanent preservation but advice on appropriate place of deposit is to be obtained before any final decision is made.	

<b>FINANCIAL</b>		
Accounts – Annual (Final – one set only)	Permanent	

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Accounts - cost	3	
Accounts – working papers	3	
Accounts – minor records (cheques, petty cash, travel & subsistence accounts)	2	From completion of audit
Advance letters	6	
Approved suppliers list	11	Consumer Protection Act 1987
Audit Records – original records	2	From completion of the audit
Audit Reports (including management letters, final accounts)	2	After formal clearance by the Statutory Auditor
Bank Statements	2	From completion of the audits
Bills, receipts and cleared cheques	6	
Budgets	2	From completion of the audit
Buildings and engineering works, inclusive of major projects abandoned or deferred – key records	Permanent	
Buildings and engineering works, inclusive of major projects abandoned or deferred - town and country planning matters and all formal contract documents (e.g. Executed agreements, conditions of contract, specifications, "as built" record drawings and documents on the appointment and conditions of engagement of private buildings and engineering consultants. * The general principle to be followed in regard to these records is that	See opposite	For the life of the buildings and installations to which they refer

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they should be preserved for the life of the buildings and installations to which they refer.		
Buildings – papers relating to occupation (not H&S)	3	After occupation ceases (Construction Design Management Regulations 1994)
Capital Charges Data	2	From completion of the audit
Cash Books	6	The Limitation Act 1980
Cash Sheets	6	The Limitation Act 1980
Contracts – non sealed (property) on termination	6	The Limitation Act 1980
Contracts – non sealed (other) on termination	6	The Limitation Act 1980
Contracts - sealed	15	
Creditor payments	3	
Day files	.5 (6 months)	
Debtors records – cleared	2	From completion of the audit
Debtors records – uncleared	6	
Deeds of title	Permanent	
Expense claims	2	From completion of audit
Forms – Superannuation SD55(ADP) and SD55J (copies)	10	Originals are sent to Pensions Agency
Income and expenditure journal	6	
Invoices	6	The Limitation Act 1980
Ledgers	6	The Limitation Act 1980
Mortgage documents	Permanent	
Nominal rolls	6 (max)	Normally only current and the immediately preceding roll to be kept
Pay Roll – full-time medical staff	6	



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Pay Roll – other staff	6	
Receipts	6	The Limitation Act 1980
Superannuation Accounts	10	
Superannuation Registers	10	
Tax forms	6	
VAT records	6	Unless shorter period agreed with Customs & Excise
Wages/Salary records	10	

<b>EMPLOYEE</b>		
CVs for non-executive directors (successful)	5	Following term of office
CVs for non-executive directors (unsuccessful applicants)	2	
Day files	.5 (6 months)	
Diaries – office – on completion	1	
Establishment records (personal files, contracts references & related correspondence)	6	After subject leaves service or until his/her 70 <sup>th</sup> birthday – whichever is later.

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		Only a summary needs to be kept to age 70
Establishment records (attendance, annual leave, timesheets etc.)	2	
Job Advertisements	1	
Job Applications (following termination of employment)	3	
Job descriptions (following termination of employment)	3	
Leavers dossiers (provided summary retained)	6	
Nurses training records	30	
Study leave applications	1.5	

<b>SUPPLIES</b>		
Contracts – non sealed (property) on termination	6	The Limitation Act 1980
Contracts – non sealed (other) on termination	6	The Limitation Act 1980
Contracts - sealed	15	
Day files	0.5 (6 months)	
Deeds of title	Permanent	
Delivery notes	1.5	
Products - liability	11	Consumer Protection Act 1987
Requisitions	1.5	
Stock control reports	1.5	
Stores records – major (stores ledgers etc.)	6	

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Stores records – minor (requisitions, issue notes, goods received books etc.)	1.5	
Supplies records – minor ( routine papers etc.)	1.5	
Tenders (unsuccessful)	6	The Limitation Act 1980
Tenders (Successful)		See Contracts

<b>ADMINISTRATION</b>		
Litigation Dossiers (complaints including accident reports)	10	Where legal action has been commenced, keep as advised by legal representatives
Meeting papers – committees, sub-committees (master copies)	Permanent	
Minutes of the NHS Trust or Health Authority major committees and sub-committees - signed	Permanent	
Minutes – reference copies	1	
Press cuttings	1	
Receipt for registered and recorded delivery mail	1.5	
Record of custody and	1.5	

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transfer of keys		
Software licenses	Lifetime	
Trust Administered by SHAs –	Permanent	
Trust documents without permanent relevance	6	

**Clinical Records**

The retention periods, which are listed below, reflect minimum requirements of clinical need. Personal health records may be required as evidence in legal actions; the minimum retention periods take account of this requirement. It is not necessary to keep every piece of paper received in connection with patients. NHS Trusts and Health Authorities should determine, in consultation with their health professionals, which elements should be considered as a permanent part of the record, and which should be transient and discarded as their value ceases.

Before any destruction takes place, ensure that

- (a) there is consultation with the relevant health professional body or records committee and actions clearly minuted;
- (b) any other local clinical need is considered;
- (c) the value of the records for long-term research purposes has been assessed, in consultation with an appropriate place of deposit.

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-pre-1948 records.	Should by now have been transferred for permanent preservation or destroyed. Any pre-1948 records which still exist should be considered for permanent preservation, undergoing an appraisal procedure as described in the box above.	
-Children and young people	Until the patient's 25th birthday, or 26th if young person was 17 at conclusion of treatment; or 8 years after patient's death if death occurred before 18th birthday.	
Abortion- Certificate A (Form HSA1) and Certificate B (Emergency Abortion)	3	Abortion Regulations 1991, Statutory Instrument No. 499
Accident & Emergency Registers	2 years on site & then to long term storage being marked appropriately that in 60 years to be sent to Archivist.	Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.
Admission books	2 years on site & then to long term storage being marked appropriately that in 60 years to be sent to Archivist	Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.
Birth registers (i.e. register of births kept by the hospital)	2 years on site & then to long term storage being marked appropriately that in 60 years to be sent to Archivist	Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.

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Death registers (i.e. register of deaths kept by the hospital)	Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.	
<b>Clinical</b> Diaries		To be agreed with Clinical groups in line with their Professional Guidance and Trust Guidance.
Donor records	11 years post transplantation. Committee on Microbiological Safety of Blood and Tissues for Transplantation (MSBT); guidance issued in 1996.	
Clinical Records General (not covered above)	4 years after conclusion of treatment or 8 years after death.	
Laboratory records	Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and places of deposit.	
Maternity (all obstetric and midwifery records including those of episodes of maternity care that end in stillbirth or where the child later dies)	25 years	Refer to Circular HSG(94)11 for additional guidance on retention and storage of maternity records.
Mentally disordered persons records (within the meaning of the Mental Health Act 1983)	20 years after no further treatment considered necessary; or 8 years after the patient's death if patient died while still receiving treatment.	
Occupational Health	40 years	
Oncology	8 years after conclusion of treatment especially when surgery only involved. Consideration may wish to be given to BFCO(96)3 issued by the Royal College of Radiologists which recommends permanent retention on a computer database when patients have been given chemotherapy and radiotherapy.	
Operating Theatre registers	2 years on site & then to long term storage being marked appropriately that in 60 years to be sent to Archivist.	Local decisions should be made with regard to the permanent preservation of these records, in consultation with relevant health professionals and

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		places of deposit.
Patient Activity Data	3	
Patient involved in clinical trials	15 years after conclusion of treatment. EEC Note for Guidance: Good Clinical Practice for Trials on Medicinal Products in the European Community, section 3.17 (see- Pharmacology & Toxicology 1990,67,361-372.)	

**MEDICAL RECORD RETENTION AND DESTRUCTION POLICY**

Each record must be examined prior to destruction and the retention periods below applied.

This policy applies to the main medical record folder and all locally held medical records, manual and electronic

Retention periods must be calculated from the end of the **calendar year** and **from the date of the patient's last attendance to the Trust.**

<b>LIVE PATIENT RECORDS</b>	
<b>Record Type</b>	<b>Retain for</b>
Obstetric	25 years from date of last obstetric attendance
Oncology/Chemotherapy/Radiotherapy	8 years from date of last Onc/Chemo/Radio attendance
Haematology	4 years from date of last Haem attendance, then forward to Haematology Data Manager for local retention
Cystic Fibrosis	4 years after conclusion of treatment – then forward to Dr Whitehouse's Sec for local retention
Patients known to be involved in Clinical Drug trials	15 years after conclusion of treatment. NB Clinical Drug trial documentation should not be stored within the patient's NHS medical record
Children and young people	Until the patient's 25 <sup>th</sup> birthday, or 26 <sup>th</sup> birthday if the young person was aged 17 yrs at conclusion of treatment.
Pre 1948 records	Permanently - refer to Library Manager
Donor records	11 years post transplantation
All other general health records not covered above	4 years after conclusion of treatment
Where rear cover of record is signed by consultant	Permanently
<b>DECEASED PATIENT RECORDS</b>	
Deceased records not covered below	4 years from date of death



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Haematology	4 years then forward to Haematology Data Manager for local retention
Cystic Fibrosis	8 years - then forward to Dr Whitehouse's Secretary for retention
Oncology	8 years from date of death
Stillbirth	25 years
& Children & Young people under 18 yrs (rths)	8 years from date of death
Obstetric records	8 years from date of death
Where rear cover of record is signed by consultant	4 years from date of death - then forward to appropriate consultant for retention