Records Management:

NHS Code of Practice

Part 2

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Records Management: NHS Code of Practice

Part 2

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Annex D: Notes to Accompany the NHS Records Retention and Disposal Schedules

1. Introduction

This Annex sets out the minimum periods for which the various records created within the NHS or by predecessor bodies should be retained, either due to their ongoing administrative value or as a result of statutory requirement. It also provides guidance on dealing with records which have ongoing research or historical value and should be selected for permanent preservation as archives and transferred to a Place of Deposit approved by The National Archives.

The Annex provides information and advice about all records commonly found within NHS organisations. For ease of use, there are separate schedules relating to health and corporate (ie non-health) records. The retention schedules apply to all the records concerned, irrespective of the format (eg paper, databases, e-mails, X-rays, photographs, CD-ROMs) in which they are created or held.

To help Records Managers differentiate between existing and new categories of records, and unchanged or changed/new retention periods, the following keys have been used:

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.

2. Responsibilities and Decision Making

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.

For an NHS organisation to manage its records effectively, wider records management responsibilities need to be considered, placed with the appropriate individuals and/or committees, and resourced. For example, organisations may require local records managers and/or a corporate records manager; a health or medical records manager and/or committee; and possibly an archivist.

Requirements for records management are set out in more detail elsewhere in the Code of Practice and in the Information Governance Toolkit. If overall responsibility has not already been allocated, it is recommended that this should be placed with the NHS organisation's Information Governance Committee.

3. Interpretation of the Schedules

TYPE OF RECORD: lists alphabetically records created as part of a particular function. The business and corporate records schedule has grouped together records of major functions commonly found in NHS organisations.

MINIMUM RETENTION PERIOD: records are required to be kept for a certain period either because of statutory requirement or because they may be needed for administrative purposes during this time. If an organisation decides that it needs to keep records longer than the recommended minimum period, it can vary the period accordingly and record the decision on its own retention schedule. In this regard, however, organisations need also to consider the fifth principle of the Data Protection Act 1998, ie that personal data should not be retained longer than is necessary.

In any event, public records should not ordinarily be kept for longer than 30 years from their creation (calculated from the last date on the file, as described in 'Retention Periods' below) without being transferred to a Place of Deposit. Any NHS organisation that has reason to retain records for more than 30 years (other than for statutory or active administrative purposes) must contact The National Archives, or their local Place of Deposit, for advice.

DERIVATION: notes the details of legislation and any other references of relevance to the recommended minimum retention period.

FINAL ACTION: at the end of the relevant minimum retention period, one or more of the following actions will apply:

1) Review: records may need to be kept for longer than the minimum retention period due to ongoing administrative need. As part of the review, the organisation should have regard to the fifth principle of the Data Protection Act 1998, which requires that personal data is not kept longer than is necessary. If it is decided that the records should be retained for a period longer than the minimum (provided that this does not total a period of 30 years or more from creation, in which case see the comments on the minimum retention period above), the internal retention schedules will need to be amended accordingly and a further review date set. Otherwise, one of the following will apply:

2) Transfer/consult a Place of Deposit or The National Archives (see 'Archives' section below): if the records have no ongoing administrative value but have or may have long-term historical or research value, or they have some administrative value but are more appropriately held as archives. Organisations that are not already in regular contact with their Place of Deposit should consult The National Archives.

3) Destroy: where the records are no longer required to be kept due to statutory requirement or administrative need **and** they have no long-term historical or research value. In the case of health records, this should be done in consultation with clinicians in the organisation (see section 5 below).

4. Retention Periods

As previously stated, records should not ordinarily be kept for longer than 30 years. The Public Records Act does, however, provide for records which are still in current use to be legally retained. Additionally, under separate legislation, records may be required to be retained for longer than 30 years (eg Control of Substances Hazardous to Health Regulations). The minimum retention periods should be calculated from the beginning of the year after the last date on the record. For example, a file in which the first entry is in February 2001 and the last in September 2004, and for which the retention period is seven years, should be kept in its entirety at least until the beginning of 2012.

Each organisation should produce its own retention schedules in the light of its own internal requirements. Organisations should not apply to any records a shorter retention period than the minimum set out in these schedules, but there may be circumstances in which they need to apply a longer retention period. Any decision to extend must ensure that the retention period does not exceed 30 years unless prior approval has been obtained via The National Archives.

Also, in respect of any records that contain personal data as defined by the Data Protection Act, consideration should be given to the fifth principle of the Act, ie that 'Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes'. Section 33 of the Data Protection Act allows for personal data identified as being of historical or statistical research value to be kept as archives. Records with such value must be transferred to the organisation's approved Place of Deposit. Where the organisation has no existing relationship with a Place of Deposit, The National Archives should be contacted in the first instance. Where an organisation is unsure whether records may have archival value, The National Archives or the Place of Deposit with which the organisation has an existing working relationship should be consulted.

5. Who Makes the Decision Regarding Disposal and Destruction of Records?

There are two principal options: to dispose (eg by passing on to another organisation) or to destroy. Staff in the operational area that ordinarily uses the records will usually be able to decide. Operational managers are responsible for making sure that all records are periodically and routinely reviewed to determine what can be disposed of or destroyed in the light of local and national guidance.

In respect of health records, it is recommended that a multi-disciplinary Health Records Committee and/or Health Records User Group should be established to provide advice on local policy, particularly for the retention, archiving or disposal of sensitive personal health records. Input from local healthcare professionals should be a key element of any records management strategy.

Once the appropriate minimum period has expired, the need to retain records further for local use should be reviewed periodically. Because of the sensitive and confidential nature of such records and the need to ensure that decisions on retention balance the interests of professional staff, including any research in which they are or may be engaged, and the resources available for storage, it is recommended that the views of the profession's local representatives should be obtained.

6. Archives

It is a legal requirement that NHS records which have been selected as archives should be held in a repository that has been approved for the purpose by The National Archives. Where an organisation is already in regular contact with its Place of Deposit, it should consult with it over decisions regarding selection and transfer of records. Where this is not the case, The National Archives should be contacted in the first instance.

Some individual hospitals have themselves been appointed as a Place of Deposit. In practice these have tended to be those larger hospitals that can commit the resources necessary to provide appropriate conditions of storage and access, and to place them under the care of a professionally qualified archivist. However, it is open to any NHS organisation to apply for Place of Deposit status. The National Archives can provide further advice on this matter, and further information about the work of archivists in NHS organisations is available from the Health Archives Group.

Where possible, the schedules identify those records likely to have permanent research and historical value. Beyond this, some NHS organisations will have particular and individual reasons, which relate to their own history, for retaining particular records as archives. Conversely, it should also be borne in mind that some records may have a long-term research value outside the NHS organisation that created them (eg both administrative and clinical records from a number of different hospitals have been used to study the 1918 influenza epidemic). The Health Archives Group will advise on the current and potential research uses of NHS archives, including patient records.

Annex D1: Health Records Retention Schedule

This retention schedule details a **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 any pre-1948 records, The National Archives (see note 1 below) should be consulted. Organisations should remember that records containing personal information are subject to the Data Protection Act 1998.

The following types of record are covered by 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 specialties, including GP medical records);
- records of private patients seen on NHS premises;
- Accident & Emergency, birth and all other 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;
- computerised records; and
- scanned documents.

If viewed in electronic format, the search facility in Word or PDF can be used to search for particular record types.

Notes

1. Where an organisation has an existing relationship with an approved Place of Deposit, it should consult the Place of Deposit in the first instance. Where there is no pre-existing relationship with a Place of Deposit, organisations should consult The National Archives.

2. The coding below denotes the status of the type of record and its retention period:

   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.

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
A&E records (where these are stored separately from the main patient record)	Retain for the period of time appropriate to the patient/specialty, eg children's A&E records should be retained as per the retention period for the records of children and young people shown below		Destroy under confidential conditions	N
A&E registers (where they exist in paper format)	8 years after the year to which they relate		Likely to have archival value. See note 1	C
Abortion – Certificate A (Form HSA1) and Certificate B (Emergency Abortion)	3 years		Destroy under confidential conditions	S
Admission books (where they exist in paper format)	8 years after the last entry		Likely to have archival value. See note 1	C
Adoption records – see non-health records				
Ambulance records – patient identifiable component (including paramedic records made on behalf of the Ambulance Service)	10 years	Limitation Act	Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Asylum seekers and refugees (NHS personal health record – patient-held record)	Special NHS record – patient held – no requirement on NHS to retain			N
Audiology records	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		Destroy under confidential conditions	N
Autopsy records – see Post mortem records and registers				
Birth registers (ie register of births kept by the hospital)	Lists sent to General Register Office on a monthly basis. Retain for 2 years		Likely to have archival value. See note 1	C
Blood transfusion records (see pathology records)				
Body release forms	2 years		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Breast screening X-rays	8 years		Destroy under confidential conditions	N
Care records – compiled by employees of a Care Trust (including information on an individual's educational status, care needs, etc)	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		Destroy under confidential conditions	N
Cervical screening slides	10 years		Destroy under confidential conditions	N
Chaplaincy records	2 years		Likely to have archival value. See note 1	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Child and family guidance	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		Destroy under confidential conditions	N
Child Protection Register (records relating to)	Retain until the patient's 26th birthday		Destroy under confidential conditions	N
Children and young people (all types of records relating to children and young people)	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		Destroy under confidential conditions	S
Clinical audit records	5 years		Destroy under confidential conditions	N
Clinical psychology	30 years		See note 1	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Clinical trials of investigational medicinal products – health records of participants that are the source data for the trial	**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 to be used in regulatory submissions:** 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 In either case, if the period appropriate to the specialty is greater, this is the minimum retention period	European 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: http:/pharmacos.eudra.org/F2/pharmacos/dir200120ec.htm	See note 1	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
		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		

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
		ENTR/F/2 D(2002) – detailed guidelines on the trial master file and archiving ICH Harmonised Tripartite Guideline, guidance for good clinical practice, CPMP/ICH/135/95: http://www.emea.eu.int.pdfs/human/ich/013595en.pdf		
Controlled drug order books – see Pharmacy records				
Controlled drug prescriptions – see Pharmacy records				
Controlled drug registers (ward and pharmacy based) – see Pharmacy records				

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Controlled drug ward orders of requisitions – see Pharmacy records				
Counselling records	30 years		See note 1	N
Creutzfeldt-Jakob Disease (hospital and GP)	30 years from date of diagnosis, including deceased patients	CJD Incidents Panel	See note 1	N
Death – Cause of, Certificate counterfoils	2 years		Destroy under confidential conditions	N
Death registers – ie register of deaths kept by the hospital, where they exist in paper format	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		Likely to have archival value. See note 1	C

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Dental epidemiological surveys	30 years		Destroy under confidential conditions	N
Dental, ophthalmic and auditory screening records	11 years for adults For children 11 years or up to their 25th birthday, whichever is the longer		Destroy under confidential conditions	N
Diaries – health visitors and district nurses	2 years after end of year to which diary relates. Patient relevant information should be transferred to the patient record		Destroy under confidential conditions	N
Dietetic and nutrition	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		Destroy under confidential conditions	N
Discharge books (where they exist in paper format)	8 years after the last entry		Likely to have archival value. See note 1	C

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
District nursing records	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		Destroy under confidential conditions	N
Donor records (blood and tissue)	30 years post transplantation	Committee on Microbiological Safety of Blood and Tissues for Transplantation (MSBT); guidance issued in 1996	See note 1	N
Drug trials, records (see Clinical trials)				
Family planning records	10 years after closure of the case For children retain until their 25th birthday		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
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) See also Human tissue, Post mortem registers	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	*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: http://www.rcpath.org.uk/resources/pdf/retention-SEPT05.pdf Human Tissue Act 2004	See note 1	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Genetic records	30 years from date of last attendance	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 and supplied direct to the public. Those who intend to offer such services should follow its guidance	See note 1	N
Genito Urinary Medicine (GUM)	8 years from date of last attendance For children retain until their 25th birthday		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
GP records, including medical records relating to HM Armed Forces or those serving a period of imprisonment	Maternity records – 25 years after last live birth	Limitation Act 1980, Congenital Disabilities (Civil Liability) Act 1976, Consumer Protection Act 1987	Destroy under confidential conditions	S
	Records relating to children and young people (including paediatric, 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		Destroy under confidential conditions	S
	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		Destroy under confidential conditions	S
	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 summarised and kept in summary format for the additional 10-year period	Royal College of Psychiatrists		

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
	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. 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 judgement, 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 Records relating to those serving a prison sentence		Not to be destroyed. This refers to GP records of serving military personnel 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 their death, the records should be retained for 10 years	S

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
	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		Destroy under confidential conditions	S
	Electronic patient records (EPRs) must not be destroyed, or deleted, for the foreseeable future	Good Practice Guidelines for General Practice Electronic Patient Records (version 3.1)		N
Health records (excluding records not specified elsewhere in this schedule)	8 years after conclusion of treatment or death		Destroy under confidential conditions	C
Health visitor records	10 years. Records relating to children should be retained until their 25th birthday		Destroy under confidential conditions	N
Homicide/'serious untoward incident' records	30 years		See note 1	N
Hospital acquired infection records	6 years		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Human fertilisation records, including embryology records	**Treatment centres** 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 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	Directions given under the Human Fertilisation and Embryology Act 1990, 24 January 1992 (this Act is subject to review by the Government: http://www.dca.gov.uk/StatutoryBarsReport2005.pdf)	See note 1	N
	Storage centres Where gametes, etc have been used in research, records must be kept for at least 50 years after the information was first recorded	This applies to centres in respect of information which they are directed to record and maintain under a treatment licence		N
	Research centres Records are to be kept for 3 years from the date of final report of results/conclusions to Human Fertilisation and Embryology Authority (HFEA)	This applies to centres in respect of information which they are directed to record and maintain under a storage licence		N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Human tissue (within the meaning of the Human Tissue Act 2004) (see Forensic medicine above)	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		See note 1	N
Immunisation and vaccination records	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		Destroy under confidential conditions	N
Intensive Care Unit charts	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		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Joint replacement records	For joint replacement surgery the revision of a primary replacement may be required after 10 years to identify which prothesis was used. Only need to retain minimum of notes with specific information about the prosthesis	http://www.njrcentre.org.uk	See note 1	N
Learning difficulties – (records of patients with)	Retain for 10 years after the death of the individual		Destroy under confidential conditions	N
Macmillan (cancer care) patient records – community and acute	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		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
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 after the birth of the last child	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	Destroy under confidential conditions	N
Medical illustrations (see Photographs below)	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		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Mentally disordered persons (within the meaning of any Mental Health Act)	20 years after the date of last contact between the patient/client/service 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 NB Mental health organisations may wish to keep mental heath records for up to 30 years before review. Records must be kept as complete records for the first 20 years in accordance with this retention schedule but records may then be summarised and kept in summary format for the additional 10-year period 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	Mental Health Act 1983 and its successors Royal College of Psychiatrists	When the records come to the end of their retention period, they must be reviewed and not automatically destroyed. Such a review should take into account any genetic implications of the patient's illness. If it is decided to retain the records, they should be subject to regular review	C
Microfilm/microfiche records relating to patient care	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		May have archival value. See note 1	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Midwifery records	25 years after the birth of the last child	*Midwives rules and standards* 05.04 (rule 9)	Destroy under confidential conditions	N
Mortuary registers (where they exist in paper format)	10 years		See note 1	N
Music therapy records	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		Destroy under confidential conditions	N
Neonatal screening records	25 years		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Notifiable diseases book	6 years		Destroy under confidential conditions	N
Occupational health records (staff)	3 years after termination of employment unless litigation ensues (see Litigation)		Destroy under confidential conditions	N
Health records for classified persons under medical surveillance	50 years from the date of the last entry or age 75, whichever is the longer	Control of Substances Hazardous to Health Regulations 2002 (reg. 24(3))	See note 1	N
Personal exposure of an identifiable employee monitoring record	40 years from exposure date	See above (reg. 10(5))	See note 1	N
Personnel health records under occupational surveillance	40 years from last entry on the record	Ionising Radiation Regulations 1999 (reg. 11(3))	See note 1	N
Radiation dose records for classified persons	50 years from the date of the last entry or age 75, whichever is the longer	See above (reg. 19(3)(a))	See note 1	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Occupational therapy records	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		Destroy under confidential conditions	N
Oncology (including radiotherapy)	30 years NB Records should be retained on a computer database if possible. Also consider the need for permanent preservation for research purposes	BFCO(96)3 issued by the Royal College of Radiologists with the support of the Joint Council for Clinical Oncology	See note 1	N
Operating theatre registers	8 years after the year to which they relate		Likely to have archival value. See note 1	C

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Orthoptic records	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		Destroy under confidential conditions	N
Out of hours records (GP cover), including video, DVD and tape voice recordings	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		Destroy under confidential conditions	N
Outpatient lists (where they exist in paper format)	2 years after the year to which they relate		Destroy under confidential conditions	N
Paediatric records (see Children and young people above)				

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Parent-held records	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 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		Destroy under confidential conditions	N
Pathology records *Documents, electronic and paper records*		http://www.rcpath.org/resources/pdf/retention-SEPT05.pdf	Destroy under confidential conditions	
Accreditation documents; records of inspections	10 years or until superseded			N
Batch records results	10 years	Consumer Protection Act 1987		N
Bound copies of reports/records, if made	30 years			N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Day books and other records of specimens received by a laboratory	2 calendar years			N
Equipment/ instruments maintenance logs, records of service inspections	Lifetime of equipment			N
Procurement, use, modification and supply records relevant to production of products (diagnostics) or equipment	11 years			
External quality control records	2 years			N
Internal quality control records	10 years	Consumer Protection Act 1987		N
Lab file cards or other working records of test results for named patients	2 calendar years			N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Near-patient test data	Result in patient record, log retained for lifetime of instrument			N
Pathological archive/museum catalogues	30 years, subject to consent			N
Photographic records	30 years where images present the primary source of information for the diagnostic process			N
Records of telephoned reports	2 calendar years			N
Records relating to investigation or storage of specimens relevant to organ transplantation, semen or ova	30 years if not held with health record			N
Reports, copies Post mortem reports	6 months Held in the patient's health record for 8 years after the patient's death			N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Request forms that are not a unique record	1 week after report received by requestor			N
Request forms that contain clinical information not readily available in the health record	30 years			N
Standard operating procedures (current and old)	30 years			N
Specimens and preparations				
Blocks for electron microscopy	30 years			N
Electrophoretic strips and immunofixation plates	5 years unless digital images taken, in which case 2 years and stored as a photographic record			N
Foetal serum	30 years			N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Frozen tissue for immediate histological assessment (frozen section)	Stained microscope slides – 10 years Residual tissue – kept as fixed specimen once frozen section complete			N
Frozen tissue or cells for histochemical or molecular genetic analysis	10 years			N
Grids for electron microscopy	10 years			N
Human DNA	4 weeks after final report for diagnostic specimens. 30 years for family studies for genetic disorders (consent required)			N
Microbiological cultures	24–28 days after final report of a positive culture issued. 7 days for certain specified cultures – see RCPath document			N
Museum specimens (teaching collections) Stained slides	Permanently. Consent of the relative is required if it is tissue obtained through post mortem Depends on the purpose of the slide – see RCPath document for further details	http://www.rcpath.org/resources/pdf/Retention-SEPT05.pdf		N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Newborn blood spot screening cards Body fluids/ aspirates/swabs	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 48 hours after the final report issued by lab	Code of Practice of the UK Newborn Screening Programme Centre and http://www.screening.nhs.uk/cpd/ICFactsheet4.pdf		N
Paraffin blocks	30 years and then appraise for achival value			N
Records relating to donor or recipient sera	11 years post transplant			N
Serum following needlestick injury or hazardous exposure	2 years			N
Serum from first pregnancy booking visit	1 year			N
Wet tissue (representative aliquot or whole tissue or organ)	4 weeks after final report for surgical specimens	Human Tissue Act		N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Whole blood samples, for full blood count	24 hours			N
Transfusion laboratories Annual reports (where required by EU directive)	15 years			N
Autopsy reports, specimens, archive material and other where the deceased has been the subject of a Coroner's autopsy	These are Coroner's records – copies may only be lodged on the health record with the Coroner's permission			N
Blood bank register, blood component audit trial and fates	30 years to allow full traceability of all blood products used	EU Directive 2002/98/EC The Blood Safety and Quality Regulations 2005 (SI 2005 No. 50)		N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Blood for grouping, antibody screening and saving and/or cross-matching	1 week at 4°C			N
Forensic material – criminal cases	Permanently, not part of the health record			N
Refrigeration and freezer charts	11 years			N
Request forms for grouping, antibody screening and cross-matching	1 month	EU Directive 2002/98/EC The Blood Safety and Quality Regulations 2005 (SI 2005 No. 50)		N
Results of grouping, antibody screening and other blood transfusion-related tests	30 years to allow full traceability of all blood products used	EU Directive 2002/98/EC The Blood Safety and Quality Regulations 2005 (SI 2005 No. 50)		N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Separated serum/plasma, stored for transfusion purposes	Up to 6 months			N
Storage of material following analyses of nucleic acids	30 years See RCPath document for further guidance	http://www.cepath.org/resources/pdf/Retention-SEPT05.pdf		N
Worksheets	30 years to allow full traceability of all blood products used	EU Directive 2002/98/EC The Blood Safety and Quality Regulations 2005 (SI 2005 No. 50)		N
Patient-held records	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		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Pharmacy records	Individual retention periods from Hospital Pharmacists Group 2003	http://www.pjonline.com/pdf/hp/200305/hp_200305_pharmacyrecords.pdf	Destroy under confidential conditions	N
Prescriptions				
Chemotherapy	2 years after last treatment			N
Clinical drug trials (non-sponsored)	2 years after completion of trial			N
FP10, TTOs, outpatient, private	2 years		NB Inpatient prescriptions held as part of health record	N
Parenteral nutrition	2 years		Original valid prescription to be held with the health record	N
Unlicensed medicines dispensing record	5 years			N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Worksheets Raw material request and control forms	5 years			N
Resuscitation box	1 year after the expiry of the longest dated item	Applies only to repackaged items		N
Chemotherapy, aseptics worksheets, parenteral nutrition, production batch records	5 years	Product liability extends up to 11 years after expiry		N
Paediatric	As per children and young people	Product liability extends up to 28 years		N
Quality Assurance Environmental monitoring results	1 year after expiry date of products			N
Equipment validation	Lifetime of the equipment			N
QC documentation, certificates of analysis	5 years or 1 year after expiry of batch (whichever is longer)	Article 51(3) Directive 2001/83		N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Refrigerator temperature	1 year		Refrigerator records to be retained for the life of any product stored therein	N
Standard operating procedures	15 years after superseded by revised version			N
Orders Invoices	6 years			N
Order and delivery notes, requisition sheets, old order books	Current financial year plus one			N
Picking tickets/ delivery notes	3 months			N
Ward pharmacy requests	1 year	Limitation Act 1980		N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Controlled Drugs				
Controlled drug destruction records (pharmacy and ward based)	2 years	Misuse of Drugs Regulations 2001		N
Controlled drug prescriptions (TTOs/OP)	2 years	Misuse of Drugs Regulations 2001		N
Controlled drug order books, ward orders and requisitions	2 years	Misuse of Drugs Regulations 2001		N
Controlled drug registers (pharmacy and ward based)	2 years	Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001		N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Photographs (where the photograph refers to a particular patient it should be treated as part of the health record)	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		Destroy under confidential conditions	N
Physiotherapy records	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		Destroy under confidential conditions	N
Podiatry records	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		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Post mortem records (see Pathology records)				
Post mortem registers (where they exist in paper format)	30 years		Likely to have archival value. See note 1	N
Prison healthcare records (see GP records)				
Private patient records admitted under section 58 of the National Health Service Act 1977 or section 5 of the National Health Service Act 1946	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		Destroy under confidential conditions	N
Psychology records	30 years		See note 1	N
Records/documents related to any litigation	As advised by the organisation's legal advisor. All records to be reviewed. Normal review 10 years after the file is closed		See note 1	C

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Records of destruction of individual health records (case notes) and other health-related records contained in this retention schedule (in manual or computer format)	Permanently	BS ISO 15489 (section 9.10)	See note 1	N
Research records 1. Other than clinical trials of investigational medicinal products, health records of participants that are the source data for the research	30 years	Data Protection Act (section 33 and schedule 8 part IV) and Data Protection (Processing of Sensitive Personal Data) Order 2000 (section 9). Research Governance Framework for Health and Social Care 2005	See note 1. Review patient identifiable records every 5 years to see if they need to be retained or if their identifiability could be reduced	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
2. Research records and research databases (not patient specific)	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	*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: http:/pharmacos.eudra.org/F2/pharmacos/dir200120ec.htm	See note 1	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
		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		

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
		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, CPMP/ICH/135/95: http://www.emea.eu.int.pdfs/human/ich/013595en.pdf		

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Scanned records relating to patient care	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		Destroy under confidential conditions	N
School health records (see Children and young people)				
Speech and language therapy records	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		Destroy under confidential conditions	N
Suicide – notes of patients having committed suicide	10 years		See note 1	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Telemedicine records (see also Video records)	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		Destroy under confidential conditions	N
Transplantation records	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	*The Retention and Storage of Pathological Records and Archives* (3rd edition 2005) Addendum 1	See note 1	C
Ultrasound records (eg vascular, obstetric)	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		Destroy under confidential conditions	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Vaccination records (see Immunisation and vaccination records)				
Video records/ voice recordings relating to patient care/video-conferencing records (see also Telemedicine records and Out of hours records)	8 years subject to the following exceptions: **Children and young people:** 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 **Maternity:** 25 years **Mentally disordered persons:** 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 **Cancer patients:** 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	Guidance on use of video-conferencing in healthcare: http://www.wales.nhs.uk/sites/documents/351/1_multipart_xF8FF_3_Guidance%20on%20the%20Use%20of%20Videoconferencing%20in%20Healthcare%20_Ve_.pdf	The teaching and historical value of such recordings should be considered, especially where innovative procedures or unusual conditions are involved. Video/video-conferencing records should be either permanently archived or permanently destroyed by shredding or incineration (having due regard to the need to maintain patient confidentiality)	N

TYPE OF HEALTH RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE (see note 2)
Ward registers, including daily bed returns (where they exist in paper format)	2 years after the year to which they relate		Likely to have archival value. See note 1	C
X-ray films (including other image formats for all imaging modalities/ diagnostics)	7 years	Guidance from the Royal College of Radiologists	Destroy under confidential conditions	N
X-ray registers (where they exist in paper format)	30 years		Likely to have archival value. See note 1	C
X-ray reports (including reports for all imaging modalities)	To be considered as a permanent part of the patient record and should be retained for the appropriate period of time			N

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

6. Maternity Records retained should include the following:

6.1 documents recording booking data and pre-pregnancy records where appropriate;

6.2 documentation recording subsequent antenatal visits and examinations;

6.3 antenatal in-patient records;

6.4 clinical test results including ultrasonic scans, alpha-feto protein and chorionic villus sampling;

6.5 blood test reports;

6.6 all intrapartum records to include, initial assessment, partograph and associated records including cardiotocographs;

6.7 drug prescription and administration records;

6.8 postnatal records including documents relating to the care of mother and baby, in both the hospital and community settings.

Annex D2: Business and Corporate (Non-Health) Records Retention Schedule

This retention schedule details a **Minimum Retention Period** for each type of non-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. The National Archives (see Note 1 below) should be consulted where a longer period than 30 years is required, or for any pre-1948 records. Organisations should also remember that records containing personal information are subject to the Data Protection Act 1998.

The following types of record are covered by this retention schedule (regardless of the media on which they are held, including paper, electronic, images and sound):

- administrative records (including personnel, estates, financial and accounting records, and notes associated with complaint handling);
- photographs, slides and other images (non-clinical);
- microform (ie microfiche/microfilm);
- audio and video tapes, cassettes, CD-ROMs, etc;
- e-mails;
- computerised records; and
- scanned documents

The schedule is split into the following types of records:

If viewed in electronic format, the search facility in Word or PDF can be used to search for particular record types.

Notes

1. An organisation with an existing relationship with an approved Place of Deposit should consult the Place of Deposit in the first instance. Where there is no pre-existing relationship with a Place of Deposit, organisations should consult The National Archives.

2. The coding below denotes the status of the type of record and its retention period:

   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.

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
ADMINISTRATIVE (CORPORATE AND ORGANISATION)				
Accident forms (see also Litigation dossiers)	10 years		Destroy under confidential conditions	S
Accident register (Reporting of Injuries, Diseases and Dangerous Occurrences register) (see also Incident forms)	8 years	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (reg. 7); Social Security (Claims and Payments) Regulations (reg. 25)	Destroy under confidential conditions	C
Adoption records	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	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)	Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Advance letters (eg DH guidance)	6 years		Destroy under confidential conditions	S
Agendas of board meetings, committees, sub-committees (master copies, including associated papers)	30 years		See note 1	C
Agendas (other)	2 years		Destroy under confidential conditions	C
Agreements (see Contracts)				
Annual/corporate reports	3 years		See note 1	C
Assembly/Parliamentary questions, MP enquiries	10 years		Destroy under confidential conditions	N
Business plans, including local delivery plans	20 years		Destroy	N
Catering forms	6 years		Destroy under confidential conditions	N
Close circuit TV images	31 days	Information Commissioner's Code of Conduct	Erase permanently	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Commissioning decisions – Appeal documentation – Decision documentation	 – 6 years from date of appeal decision – 6 years from date of decision		Destroy under confidential conditions	N N
Complaints – Correspondence, investigation and outcomes – Returns made to DH (see also Litigation dossiers)	 – 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		Destroy under confidential conditions	S
Copyright declaration forms	1 year after employee leaves service		Destroy under confidential conditions	N
Diaries (office)	1 year after the end of the calendar year to which they refer		Destroy under confidential conditions	S
Exposure monitoring records	5 years from the date the record was made	Control of Substances Hazardous to Health Regulations 2002 (reg. 10(5))	Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Flexi working hours (personal record of hours actually worked)	6 months		Destroy under confidential conditions	S
Freedom of Information requests	3 years after full disclosure; 10 years if information is redacted or the information requested is not disclosed		Destroy under confidential conditions	N
GMS1 forms (registration with GP)	3 years		Destroy under confidential conditions	N
Health and safety documentation	3 years		Destroy under confidential conditions	N
History of organisation or predecessors, its organisation and procedures (eg establishment order)	30 years		See note 1	C
Hospital (trust) services	10 years		Destroy	S
Incident forms	8 years		Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Indices (records management)	Registry lists of public records marked for permanent preservation, or containing the record of management of public records – 30 years File lists and document lists where public records or their management are not covered – 30 years		See note 1 Destroy under confidential conditions	C C
Laundry lists and receipts	2 years from completion of audit		Destroy under confidential conditions	S
Library registration forms	2 years after registration		Destroy	N
Litigation dossiers (complaints including accident/incident reports) Records/documents relating to any form of litigation	10 years Where a legal action has commenced, keep as advised by legal representatives		Destroy under confidential conditions	S N
Manuals – policy and procedure (administrative and clinical, strategy documents)	10 years after life of the system (or superseded) to which the policies or procedures refer		Destroy (policy documents may have archival value – see note 1)	N
Maps	Lifetime of the organisation		See note 1	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Meetings and minutes papers of major committees and sub-committees (master copies)	30 years		See note 1	C
Meetings and minutes papers (other, including reference copies of major committees)	2 years		Destroy under confidential conditions	C
Mortgage documents (acquisition, transfer and disposal)	6 years after repayment		See note 1	N
Nominal rolls	6 years (maximum)		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
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	2 years after the settlement of the matter to which they relate		Destroy under confidential conditions	N
Patient information leaflets	Lifetime of the organisation		See note 1	N
Patients' property books/registers (property handed in for safekeeping)	6 years after the end of the financial year in which the property was disposed of or 6 years after the register was closed		Destroy under confidential conditions	N
Press cuttings	1 year		Destroy (where bound volumes exist, see note 1)	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Project files (over £100,000) on termination, including abandoned or deferred projects	6 years		See note 1	C
Project files (less than £100,000) on termination	2 years		Destroy under confidential conditions	C
Project team files (summary retained)	3 years		Destroy under confidential conditions	C
Quality assurance records (eg Healthcare Commission, Audit Commission, King's Fund Organisational Audit, Investors in People)	12 years		Destroy under confidential conditions	N
Receipts for registered and recorded mail	2 years following the end of the financial year to which they relate		Destroy under confidential conditions	N
Records documenting the archiving, transfer to public records archive or destruction of records	30 years		See note 1	N
Records of custody and transfer of keys	2 years after last entry		Destroy under confidential conditions	N
Reports (major)	30 years		See note 1	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Requests for access to records, other than Freedom of Information or subject access requests	6 years after last action		Destroy under confidential conditions	N
Requisitions	18 months		Destroy under confidential conditions	S
Research ethics committee records	30 years from date of decision		See note 1	N
Serious incident files	30 years		See note 1	N
Specifications (eg equipment, services)	6 years	Limitation Act 1980	Destroy under confidential conditions	S
Statistics (including Korner returns, contract minimum data set, statistical returns to DH, patient activity)	3 years from date of submission		Destroy	S
Subject access requests (DPA and AHR) – records of requests	3 years after last action		Destroy under confidential conditions	N
Surgical appliances forms AP1, 2, 3 and 4	2 years from completion of audit		Destroy under confidential conditions	S
Time sheets	6 months		Destroy under confidential conditions	C

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
ESTATES/ENGINEERING				
Buildings and engineering works, including major projects abandoned or deferred – key records (eg final accounts, surveys, site plans, bills of quantities)	30 years		See note 1	C
Buildings and engineering works, including major 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)	30 years		See note 1	C
Buildings – papers relating to occupation of the building (but not health and safety information)	3 years after occupation ceases	Construction Design Management Regulations 1994	Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Deeds of title	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		See note 1	C
Drawings – plans and buildings (architect signed, not copies)	Lifetime of the building to which they relate		See note 1	C
Engineering works – plans and building records	Lifetime of the building to which they relate		See note 1	C
Equipment – records of non-fixed equipment, including specification, test records, maintenance records and logs	11 years	Consumer Protection Act 1987	Destroy under confidential conditions	N
Inspection reports (eg boilers, lifts)	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		See note 1	C

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Inventories of furniture, medical and surgical equipment not held on store charge and with a minimum life of 5 years	30 years after date of inventory		See note 1	C
Inventories of plant and permanent or fixed equipment	5 years after date of inventory		See note 1	C
Land surveys/registers	30 years		See note 1	C
Leases – the grant of leases, licences and other rights over property	Period of the lease plus 12 years	Limitation Act 1980	Destroy under confidential conditions	C
Maintenance contracts (routine)	6 years from end of contract		Destroy under confidential conditions	N
Manuals (operating)	Lifetime of equipment		Review if issues (eg HSE) are outstanding	S
Medical device alerts	Retain until updated or withdrawn (check MHRA website)	www.mhra.gov.uk	Destroy under confidential conditions	N
Photographs of buildings	30 years		See note 1	C
Plans – building (as built)	Lifetime of building		May have historical value – see note 1	C

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Plans – building (detailed)	Lifetime of building		May have historical value (see note 1)	S
Plans – engineering	Lifetime of building		See note 1	S
Property acquisitions dossiers	30 years		See note 1	C
Property disposal dossiers	30 years		See note 1	C
Radioactive waste	30 years	Radioactive Substances Act 1993	See note 1	N
Site files	Lifetime of site		See note 1	C
Structure plans (organisational charts)	Lifetime of building		See note 1	C
Surveys – building and engineering works	Lifetime of building or installation		See note 1	C

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
FINANCIAL				
Accounts – annual (final – one set only)	30 years		See note 1	C
Accounts – minor records (pass books, paying-in slips, cheque counterfoils, cancelled/discharged 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)	2 years from completion of audit		Destroy under confidential conditions	S
Accounts – working papers	3 years from completion of audit		Destroy under confidential conditions	S
Advice notes (payment)	1.5 years		Destroy under confidential conditions	S
Audit records – original documents	2 years from completion of audit		Destroy under confidential conditions	S
Audit reports – external (including management letters, value for money reports and system/final accounts memoranda)	2 years after formal completion by statutory auditor		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Bank statements	2 years from completion of audit		Destroy under confidential conditions	S
Banks Automated Clearing System (BACS) records	6 years after year end		Destroy under confidential conditions	N
Benefactions (records of)	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		See note 1	C
Bills, receipts and cleared cheques	6 years		Destroy under confidential conditions	S
Budgets (including working papers, reports, virements and journals)	2 years from completion of audit		Destroy under confidential conditions	S
Capital charges data	2 years from completion of audit		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Capital paid invoices (see Invoices)				
Cash books	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Cash sheets	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Contracts – financial	Approval files – 15 years Approved suppliers lists – 11 years		Destroy under confidential conditions	C
Contracts – non-sealed (property) on termination	6 years after termination of contract	Limitation Act 1980	Destroy under confidential conditions	S
Contracts – non-sealed (other) on termination	6 years after termination of contract	Limitation Act 1980	Destroy under confidential conditions	S
Contracts – sealed (and associated records)	Minimum of 15 years, after which they should be reviewed		See note 1	C

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Contractual arrangements with hospitals or other bodies outside the NHS, including papers relating to financial settlements made under the contract (eg waiting list initiative, private finance initiative)	6 years after end of financial year to which they relate		Destroy under confidential conditions	N
Cost accounts	3 years after end of financial year to which they relate		Destroy under confidential conditions	S
Creditor payments	3 years after end of financial year to which they relate		Destroy under confidential conditions	S
Debtors' records – cleared	2 years from completion of audit		Destroy under confidential conditions	S
Debtors' records – uncleared	6 years from completion of audit		Destroy under confidential conditions	S
Demand notes	6 years after end of financial year to which they relate		Destroy under confidential conditions	S
Estimates, including supporting calculations and statistics	3 years after end of financial year to which they relate		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Excess fares	2 years after end of financial year to which they relate		Destroy under confidential conditions	N
Expense claims, including travel and subsistence claims, and claims and authorisations	5 years after end of financial year to which they relate		Destroy under confidential conditions	S
Fraud case files/investigations	6 years		Destroy under confidential conditions	N
Fraud national proactive exercises	3 years		Destroy under confidential conditions	N
Funding data	6 years after end of financial year to which they relate		Destroy under confidential conditions	S
General Medical Services payments	6 years after year end		Destroy under confidential conditions	N
Invoices	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Ledgers, including cash books, ledgers, income and expenditure journals, nominal rolls, non-exchequer funds records (patient monies)	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Non-exchequer funds records	30 years		Although technically exempt from the Public Records Act, it would be appropriate for authorities to treat these records as if they were not exempt	C
PAYE records	6 years after termination of employment		Destroy under confidential conditions	S
Payments	6 years after year end		Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Payroll (ie list of staff in the pay of the organisation)	6 years after termination of employment		Destroy under confidential conditions For superannuation purposes, organisations may wish to retain such records until the subject reaches benefit age	S
Positive predictive value performance indicators	3 years		Destroy under confidential conditions	N
Private Finance Initiative	30 years		See note 1	N
Receipts	6 years after end of financial year to which they relate	Limitation Act 1980	Destroy under confidential conditions	S
Salaries (see Wages)				
Superannuation accounts	10 years		Destroy under confidential conditions	S
Superannuation forms SD55(ADP) and SD55J (NHS Pensions Scheme – copies)	10 years (original to NHS Pensions Agency)		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Superannuation registers	10 years		Destroy under confidential conditions	S
Tax forms	6 years		Destroy under confidential conditions	S
Transport (staff pool car documentation)	3 years unless litigation ensues		Destroy under confidential conditions	N
Trust documents without permanent relevance/not otherwise mentioned	6 years		Destroy under confidential conditions	S
Trusts administered by Strategic Health Authorities (terms of)	30 years		See note 1	C
VAT records	6 years after end of financial year to which they relate		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Wages/salary records	10 years after termination of employment		Destroy under confidential conditions For superannuation purposes, organisations may wish to retain such records until the subject reaches benefit age	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
IM & T				
Documentation relating to computer programmes written in-house	Lifetime of software		Destroy under confidential conditions	N
Software licences	Lifetime of software		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
OTHER				
Chaplaincy records	2 years		May have archival value – see note 1	N
Family Health Service Appeals Authority tribunal and case files	Case files – 10 years Decision records – until individual's 80th birthday		See note 1 Destroy under confidential conditions	N
Research and development (organisation)	30 years		See note 1	C

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
PERSONNEL/HUMAN RESOURCES				
Consultants (records relating to the recruitment of)	5 years	NHS (Appointment of Consultants) Regulations, good practice guidelines, page 11, para. 5.3 http://www.dh.gov.uk/assetRoot/04/10/27/50/04102750.pdf	Destroy under confidential conditions	N
CVs for non-executive directors (successful applicants)	5 years following term of office		Destroy under confidential conditions	S
CVs for non-executive directors (unsuccessful applicants)	2 years		Destroy under confidential conditions	S
Duty rosters	4 years		Destroy under confidential conditions	N
Industrial relations (not routine staff matters), including industrial tribunals	10 years		Destroy under confidential conditions	C

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Job advertisements	1 year		Destroy	S
Job applications (successful)	3 years following termination of employment		Destroy under confidential conditions	S
Job applications (unsuccessful)	1 year		Destroy under confidential conditions	N
Job descriptions	3 years		Destroy under confidential conditions	S
Leavers' dossiers	6 years after individual has left Summary to be retained for 30 years or until individual's 70th birthday, whichever is later		Destroy under confidential conditions See note 1	S C
Letters of appointment	6 years after employment has terminated or until 70th birthday, whichever is later		Destroy under confidential conditions	N
Nurse training records	30 years		See note 1	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
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))	6 years after individual leaves service, at which time a summary of the file must be kept until the individual's 70th birthday		See note 1	N
Personnel/human resources records – minor (eg attendance books, annual leave records, duty rosters, clock cards, timesheets)	2 years		Destroy under confidential conditions	N
Staff car parking permits	3 years		Destroy under confidential conditions	N
Study leave applications	5 years		Destroy under confidential conditions	S
Timesheets	6 months		Destroy under confidential conditions	N
Training plans	2 years		Destroy under confidential conditions	N

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
PURCHASING/SUPPLIES				
Approval files (contracts)	6 years after end of the year the contract expired		Destroy under confidential conditions	C
Approved suppliers lists	11 years	Consumer Protection Act 1987	Destroy under confidential conditions	S
Delivery notes	2 years after end of financial year to which they relate		Destroy under confidential conditions	C
Products (liability)	11 years	Consumer Protection Act 1987	Destroy under confidential conditions	S
Stock control reports	18 months		Destroy under confidential conditions	S
Stores records – major (eg stores ledgers)	6 years		Destroy under confidential conditions	S

TYPE/SUBTYPE OF RECORD	MINIMUM RETENTION PERIOD	DERIVATION	FINAL ACTION	CODE
Stores records – minor (eg requisitions, issue notes, transfer vouchers, goods received books)	18 months		Destroy under confidential conditions	S
Supplies records – minor (eg invitations to tender and inadmissible tenders, routine papers relating to catering and demands for furniture, equipment, stationery and other supplies)	18 months		Destroy under confidential conditions	S
Tenders (successful)	Tender period plus 6 year limitation period	Limitation Act 1980	Destroy under confidential conditions	C
Tenders (unsuccessful)	6 years	Limitation Act 1980	Destroy under confidential conditions	S

Annex D3: Electronic Record/ Audit Trails

1. Electronic records are supported by audit trails, which record details of all additions, changes, deletions and viewings. Typically, the audit trail will include information on:
   - **who** – identification of the person creating, changing or viewing the record;
   - **what** – details of the data entry or what was viewed;
   - **when** – date and time of the data entry or viewing; and
   - **where** – the location where the data entry or viewing occurred.

2. Audit trails are important for medico-legal purposes as they enable the reconstruction of records at a point in time. Without its associated audit trail, there is no reliable way of confirming that an entry is a true record of an event or intervention.

3. NHS Connecting for Health is considering the impact of the retention of audit trail data, eg whether it should be retained for at least the same period as the data to which it relates. There is also an unresolved issue regarding the association of audit trail data with electronic GP records transferred between practices.

4. Advice and guidance specific to audit trails will be issued as soon as possible on the Department of Health website (http://www.dh.gov.uk/PolicyandGuidance/OrganisationPolicy/RecordsManagement/). In the meantime, NHS organisations are advised to retain all audit trails until further notice.

Annex E: Approved Places of Deposit

NHS organisations considering the deposit of records selected for permanent preservation are advised to contact the National Advisory Services at The National Archives for guidance on this process and up-to-date information concerning relevant Places of Deposit. The list of contact addresses for Places of Deposit for public records appointed to hold NHS records as at February 2006 is on the following pages. Up-to-date details can be found in The National Archives' online directory of archive repositories (http://www.archon.nationalarchives.gov.uk/archon/). Some Places of Deposit are undergoing major changes to their accommodation and it is therefore worth consulting the website for current information or contacting the National Advisory Services, The National Archives, Kew, Richmond, Surrey TW9 4DU, nas@nationalarchives.gov.uk

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Ms Hilary Ritchie	Addenbrooke's NHS Trust Archives	Adden-brooke's Hospital	Hills Road	Cambridge	Cambridgeshire	CB2 2QQ
Mr Colin A Johnston	Bath and North East Somerset Record Office	Guildhall	High Street	Bath	Somerset	BA1 5AW
Mr Kevin Ward	Bedfordshire and Luton Archives and Records Service	County Hall	Cauldwell Street	Bedford	Bedfordshire	MK42 9AP
Dr Peter Durrant	Berkshire Record Office		Coley Avenue	Reading	Berkshire	RG1 6AF
Ms Linda A Bankier	Berwick-upon-Tweed Record Office	Council Offices	Wallace Green	Berwick-upon-Tweed	Northumberland	TD15 1ED
Mr Colin Gale	Bethlem Royal Hospital Archives and Museum		Monks Orchard Road	Beckenham	Kent	BR3 3BX
Ms Siân Roberts	Birmingham City Archives	Central Library	Chamberlain Square	Birmingham		B3 3HQ
Ms Samantha Collenette	Bolton Archive and Local Studies Service	Civic Centre		Bolton	Lancashire	BL1 1SE
Mr Christopher Webb	Borthwick Institute for Archives	University of York	Heslington	York	North Yorkshire	YO10 5DD
Mr John Williams	Bristol Record Office	B Bond Warehouse	Smeaton Road	Bristol		BS1 6XN
Ms Elizabeth Stazicker	Cambridgeshire County Record Office: Cambridge	Shire Hall	Castle Hill	Cambridge	Cambridgeshire	CB3 0AP

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Mr Alan Akeroyd	Cambridgeshire County Record Office: Huntingdon		Grammar School Walk	Huntingdon	Cambridgeshire	PE29 3LF
Mr Roger Bettridge	Centre for Buckinghamshire Studies	County Hall	Walton Street	Aylesbury	Buckinghamshire	HP20 1UU
Ms Tricia Phillips	Centre for Kentish Studies	County Hall		Maidstone	Kent	ME14 1XQ
Mr Jonathan Pepler	Cheshire and Chester Archives and Local Studies Service		Duke Street	Chester	Cheshire	CH1 1RL
Mr John Sargent	City of Westminster Archives Centre		St Ann's Street	London		SW1P 2DE
Mr Paul Brough	Cornwall Record Office	Old County Hall		Truro	Cornwall	TR1 3AY
Mr James R Sewell	Corporation of London Record Office	PO Box 270, Guildhall	Guildhall	London		EC2P 2EJ
Ms Susan Worrall	Coventry City Archives	John Sinclair House	Canal Basin	Coventry		CV1 4LY
Mr Aidan C J Jones	Cumbria Record Office and Local Studies Library: Barrow		Duke Street	Barrow-in-Furness	Cumbria	LA14 1XW
Ms Catherine Clark	Cumbria Record Office and Local Studies Library: Whitehaven		Scotch Street	Whitehaven	Cumbria	CA28 7NL
Ms Anne Rowe	Cumbria Record Office: Carlisle Headquarters	The Castle		Carlisle	Cumbria	CA3 8UR

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Mr Peter Eyre	Cumbria Record Office: Kendal	County Offices		Kendal	Cumbria	LA9 4RQ
Dr Margaret O'Sullivan	Derbyshire Record Office	County Hall		Matlock	Derbyshire	DE4 3AG
Mr John Draisey	Devon Record Office	Great Moor House	Bittern Road	Exeter	Devon	EX2 7NL
Dr Brian J Barber	Doncaster Archives Department		King Edward Road	Doncaster	South Yorkshire	DN4 0NA
Mr Hugh Jaques	Dorset History Centre		Bridport Road	Dorchester	Dorset	DT1 1RP
Ms Jenny Childs	Dudley Archives and Local History Service		Mount Pleasant Street	Coseley	West Midlands	WV14 9JR
Ms Jennifer Gill	Durham County Record Office	County Hall		Durham	County Durham	DH1 5UL
Ms Alison Cable	East Kent Archives Centre	Enterprise Business Park	Honeywood Road	Dover	Kent	CT16 3EH
Mr Ian Mason	East Riding of Yorkshire Archives Service	County Hall		Beverley		HU17 9BA
Ms Elizabeth Hughes	East Sussex Record Office	The Maltings	Castle Precincts	Lewes	East Sussex	BN7 1YT
Mr Richard Harris	Essex Record Office		Wharf Road	Chelmsford	Essex	CM2 6YT

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Mr Paul Coverley	Essex Record Office: Colchester and North East Essex Branch	Stanwell House	Stanwell Street	Colchester	Essex	CO2 7DL
Ms Heather Forbes	Gloucestershire Record Office		Clarence Row, off Alvin Street	Gloucester	Gloucestershire	GL1 3DW
Mr Vincent McKernan	Greater Manchester County Record Office		Marshall Street	Manchester		M4 5FU
Ms Janet Smith	Hampshire Record Office		Sussex Street	Winchester	Hampshire	SO23 8TH
Ms Elizabeth Semper O'Keefe	Herefordshire Record Office	The Old Barracks	Harold Street	Hereford	Herefordshire	HR1 2QX
Ms Susan Flood	Hertfordshire Archives and Local Studies	County Hall		Hertford	Hertfordshire	SG13 8EJ
Mr Martin Taylor	Hull City Archives		Lowgate	Hull		HU1 1HN
Mr Richard Smout	Isle of Wight Record Office		Hillside	Newport	Isle of Wight	PO30 2EB
Mr Graham Watson	Knowsley Archives	Kirkby Library	Newtown Gardens	Kirkby	Merseyside	L32 8RR
Mr Bruce Jackson	Lancashire Record Office		Bow Lane	Preston	Lancashire	PR1 2RE
Ms Susan Payne	Lincolnshire Archives		St Rumbold Street	Lincoln	Lincolnshire	LN2 5AB
Mr David Stoker	Liverpool Record Office	Central Library	William Brown Street	Liverpool	Merseyside	L3 8EW

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Ms Elizabeth Silverthorne	London Borough of Bromley Public Libraries, Local Studies and Archives	Central Library	High Street	Bromley	Kent	BR1 1EX
Mr Chris Bennett	London Borough of Croydon Archives Service	Central Library		Croydon		CR9 1ET
Ms Jane Kimber	London Borough of Hammersmith and Fulham Archives and Local History Centre	The Lilla Huset	Talgarth Road	Hammersmith, London		W6 8BJ
Ms Jill Lamb	London Borough of Kingston Museum and Heritage Service	North Kingston Centre	Richmond Road	Kingston upon Thames	Surrey	KT2 5PE
Mr John Coulter	London Borough of Lewisham Local Studies and Archives	Lewisham Library	Lewisham High Street	Lewisham, London		SE13 6LG
Mr Tudor Allen	London Borough of Redbridge Local Studies and Archives	Redbridge Central Library		Ilford	Essex	IG1 1EA
Ms Kathleen Shawcross	London Borough of Sutton Archives and Local Studies	Central Library	St Nicholas Way	Sutton	Surrey	SM1 1EA

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Dr Deborah Jenkins	London Metropolitan Archives		Northampton Road	London		EC1R 0HB
Mr Kevin Bolton	Manchester Archives and Local Studies	Central Library	St Peter's Square	Manchester		M2 5PD
Mr Stephen M Dixon	Medway Archives and Local Studies Centre	Civic Centre		Rochester	Kent	ME2 4AU
Mr David Stoker	Merseyside Record Office	Central Library	William Brown Street	Liverpool	Merseyside	L3 8EW
Ms Daphne Knott	National Maritime Museum		Park Row	Greenwich, London		SE10 9NF
Dr John Alban	Norfolk Record Office	The Archive Centre	Martineau Lane	Norwich	Norfolk	NR1 2DQ
Mr Timothy Wormleighton	North Devon Record Office		Tuly Street	Barnstaple	Devon	EX31 1EL
Mr John Wilson	North East Lincolnshire Archives	Town Hall	Town Hall Square	Grimsby		DN31 1HX
Mr Keith Sweetmore	North Yorkshire County Record Office		Malpas Road	Northallerton	North Yorkshire	DL7 8AF
Ms Sarah Bridges	Northamptonshire Record Office		Wootton Hall Park	Northampton	Northamptonshire	NN4 8BQ
Ms Sue Wood	Northumberland County Archives	Woodhorn	Queen Elizabeth II Country Park	Ashington	Northumberland	NE63 9YF

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Mr Mark Dorrington	Nottinghamshire Archives	County House	Castle Meadow Road	Nottingham	Nottinghamshire	NG2 1AG
Ms Elizabeth Boardman	Oxfordshire Health Archives	Warneford Hospital	Warneford Lane	Oxford	Oxfordshire	OX3 7JX
Mr Carl Boardman	Oxfordshire Record Office	St Luke's Church	Temple Road	Oxford	Oxfordshire	OX4 2HT
Mr Sam Johnston	Plymouth and West Devon Record Office		Clare Place	Plymouth	Devon	PL4 0JW
Mr Paul Raymond	Portsmouth City Museums and Records Service	City Museum and Records Office	Museum Road	Portsmouth	Hampshire	PO1 2LJ
Mr Carl Harrison	Record Office for Leicestershire, Leicester and Rutland		Long Street	Leicester	Leicestershire	LE18 2AH
Ms Sarah Wickham	Rotherham Metropolitan Borough Archives and Local Studies Section	Central Library	Walker Place	Rotherham	South Yorkshire	S65 1JH
Ms Thalia Knight	Royal College of Surgeons of England	The Library	Lincoln's Inn Fields	London		WC2A 3PE
Ms Victoria Rea	Royal Free Hospital Archives Centre	The Hoo	Lyndhurst Gardens	Hampstead, London		NW3 5NU
Mr Jonathan Evans	Royal London Hospital Archives and Museum	Royal London Hospital		Whitechapel, London		E1 2AA
Borough Archivist	Sandwell Community History and Archives Service	Smethwick Library	High Street	Smethwick	West Midlands	B66 1AB

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Mr Peter Evans	Sheffield Archives		Shoreham Street	Sheffield	South Yorkshire	S1 4SP
Ms Mary McKenzie	Shropshire Archives	Castle Gates		Shrewsbury	Shropshire	SY1 2AQ
Mr Tom Mayberry	Somerset Archive and Record Service		Obridge Road	Taunton	Somerset	TA2 7PU
Ms Susan L Woolgar	Southampton City Archives	Civic Centre		Southampton	Hampshire	SO14 7LY
Ms Samantha Farhall	St Bartholomew's Hospital	Archives and Museum		West Smithfield, London		EC1A 7BE
Ms Vivien Hainsworth	St Helens Local History and Archives Library	Central Library		St Helens	Merseyside	WA10 1DY
Mr Kevin Brown	St Mary's Hospital Archives	St Mary's Hospital	Praed Street	London		W2 1NY
Mr Martin Sanders	Staffordshire and Stoke-on-Trent Archive Service: Burton Family and History Centre	Burton Library	Riverside	Burton-upon-Trent	Staffordshire	DE14 1AH

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Mr Martin Sanders	Staffordshire and Stoke-on-Trent Archive Service: Lichfield Record Office	The Friary		Lichfield	Staffordshire	WS13 6QG
Ms Margaret J Myerscough	Stockport Archive Service	Central Library	Wellington Road South	Stockport	Cheshire	SK1 3RS
Mr Gwyn Thomas	Suffolk Record Office: Bury St Edmunds Branch		Raingate Street	Bury St Edmunds	Suffolk	IP33 2AR
Mr Gwyn Thomas	Suffolk Record Office: Ipswich Branch		Gatacre Road	Ipswich	Suffolk	IP1 2LQ
Mr Gwyn Thomas	Suffolk Record Office: Lowestoft Branch	Central Library	Clapham Road	Lowestoft	Suffolk	NR32 1DR
Ms Maggie Vaughan Lewis	Surrey History Centre		Goldsworth Road	Woking	Surrey	GU21 6ND
Mr Michael Keane	Tameside Local Studies and Archives Centre	Central Library	Old Street	Ashton-under-Lyne	Lancashire	OL6 7SG
Mr David Tyrell	Teesside Archives	Exchange House	Marton Road	Middlesbrough	Cleveland	TS1 1DB
Dr Robert Bearman	The Shakespeare Birthplace Trust Records Office	The Shakespeare Centre	Henley Street	Stratford-upon-Avon	Warwickshire	CV37 6QW
Ms Elizabeth Rees	Tyne and Wear Archives Service	Blandford House	Blandford Square	Newcastle upon Tyne		NE1 4JA
Ms Annie Lindsay	University College London Hospitals Archive	3rd Floor, Maple House	Tottenham Court Road	London		W1P 9LL

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Ms Patricia Methven	University of London, King's College Archives	King's College London	Strand	London		WC2R 2LS
Dr Dorothy Johnston	University of Nottingham Library	Hallward Library		Nottingham	Nottinghamshire	NG7 2RD
Ms Ruth Vyse	Walsall Local History Centre		Essex Street	Walsall	West Midlands	WS2 7AS
Ms Caroline Sampson	Warwickshire County Record Office	Priory Park	Cape Road	Warwick	Warwickshire	CV34 4JS
Mr Richard Childs	West Sussex County Record Office	Sherburne House	Orchard Street	Chichester	West Sussex	PO19 1RN
Ms Letitia Lawson	West Yorkshire Archive Service: Bradford		Canal Road	Bradford	West Yorkshire	BD1 4AT
Ms Patricia Sewell	West Yorkshire Archive Service: Calderdale	Central Library	Northgate	Halifax	West Yorkshire	HX1 1UN
Ms Lisa Broadest	West Yorkshire Archive Service: HQ and Wakefield Registry of Deeds		Newstead Road	Wakefield	West Yorkshire	WF1 2DE

Contact	Office name	Building	Street and/or district	Town or city	County	Postcode
Mr Andrew George	West Yorkshire Archive Service: Leeds		Chapeltown Road	Leeds	West Yorkshire	LS7 3AP
Mr Alan Davies	Wigan Archive Service	Town Hall		Wigan	Lancashire	WN7 2DY
Mr John d'Arcy	Wiltshire and Swindon Record Office	Libraries Headquarters	Bythesea Road	Trowbridge	Wiltshire	BA14 8BS
Ms Emma Challinor	Wirral Archives Service	Town Hall		Birkenhead	Merseyside	CH41 5BR
Mr David Bishop	Wolverhampton Archives and Local Studies		Snow Hill	Wolver-hampton	West Midlands	WV2 4AG
Ms Debbie Wilton	Worcestershire Record Office	County Hall	Spetchley Road	Worcester	Worcestershire	WR5 2NP
Ms Louise Hampson	York Minster Archives	York Minster Library	Dean's Park	York	North Yorkshire	YO1 7JQ

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