

NAME OF CHILD: Adam Strain

Name: Noel Williams

Title: Co-Director Information Services, Belfast Health and Social Care Trust

Present position and institution:

Co-Director of Information Services- Belfast Health and Social Care Trust

Previous position and institution:

Planning and Contracts Manager, Newry and Mourne Health and Social Care Trust

Membership of Advisory Panels and Committees:

None

Previous Statements, Depositions and Reports:

None

OFFICIAL USE:

List of previous statements, depositions and reports:

Ref:	Date:	

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached to your statement.

I. QUERIES IN RELATION TO YOUR QUALIFICATIONS, EXPERIENCE, TRAINING AND RESPONSIBILITIES

(1) Please provide the following information:

(a) State your qualifications;

Registered Mental Nurse (RMN), BA, MSc

(b) Describe your career history before you were appointed Co-Director of Information Services;

Appointed Co-Director of Information Services BHSC - September 2007

2001 - 2007 - Planning and Service Development Manager, BHSC

1995 - 2001 - Planning and Contracts Manager, Newry and Mourne Trust

1992 - 1995 - Business Development Manager, Homefirst Community Trust

1990 - 1992 - NHS General Management Trainee

1983 - 1988 - Mental Health Nurse

I have always worked within the NHS in NI. After beginning a career as a mental health nurse, I moved into management via the national NHS general management training scheme. Since then I have had a number of posts in different Trusts but specialising in the areas of planning, information management, contracting and in one role ICT. I have never had responsibility for Medical records management in any role.

(c) Describe your work commitments at the RGH from the date of your appointment;

I was responsible (from 2001) for the functions of corporate and service planning, contract management and information management (excluding medical records)

(d) Is there a written job description for your post? If so please provide copy of the same. If not, what are the functions and responsibilities of the post?

I was appointed to my current post with the BHSC in 2007. I attach a copy of the Job description

- (e) Describe the accountability of the Co-Director of Information Services;

I am responsible for all aspects of information management in line with the attached job description and am accountable to the Trust Director of Planning and Performance Management

- (f) When was your post (or similar) created?

2007

- (g) Did you have any involvement with the Adam Strain case and/or its aftermath?

No

II. RECORD KEEPING

- (2) In 1995 did the RBHSC have guidance, policy or procedures in place which governed the issue of clinical record keeping?

If so,

- (a) Provide a copy of the guidance, policy or procedures;

I am not aware of what policies or procedures were in place at that time. All hospitals in 1995 would have been subject to two departmental circulars

HSS (31/83) - Retention and disposal of hospital records (for possible use in litigation)

NIHA (75/62) - Preservation and destruction of hospital service records

I cannot comment on how these circulars were disseminated within RBHSC at that time

- (b) Describe its main features;

As per circulars HSS (31/83) and NIHA (75/62)

- (c) Was the guidance, policy or procedures adopted by the RBHSC, modeled on or informed by any published guidance, and if so, identify that guidance;

I am not in a position to answer this question

- (d) State how the guidance, policy or procedures were distributed to clinical staff;

I cannot answer this question. I have found no documentary evidence of the dissemination process.

State how the Trust satisfied itself that the guidance, policy or procedures were being complied with by members of clinical teams;

I am not in a position to answer this question

- (e) What did it advise in respect of the composition and documentation of clinical and surgical teams engaged in specific operations.

I am not in a position to answer this question. The circulars referred to in 2a do not cover this aspect of record keeping

- (3) In 1995, had the RBHSC established a Medical Records Committee?

I am not able to answer this question

If so, please address the following:

N/A

- (a) Who formed the membership of this committee?
- (b) Did you play a role in connection with the committee?
- (c) What rules regulated the operation of this committee?
- (d) What was the purpose of the committee?
- (e) Was its operation governed by any policy/procedure?
- (4) With respect to the recommendations deriving from:
- (a) **Department of Health Circular HC (89)20;**
- (b) **Department of Health Circular HSG (94)11;**
- (c) **HSC 1999/053- 'For the Record-Managing Records in NHS Trusts and Health Authorities;**
- (d) **The 1995 Audit Commission study 'Setting the Records Straight, a study of hospital health records';**
- (e) **The Royal College of Surgeons of England Guidelines for Clinicians on Medical Records and Notes (1990, revised 1994).**

Please state what steps the Trust/ RBHSC took to:

- (i) Disseminate this guidance and to whom;

I am not able to answer this question. I have no documentary evidence of the dissemination process.

Monitor and record compliance with the same;

I am not able to answer this question. I have no documentary evidence of the audit

processes, if any, that pertained.

(ii) Enforce compliance.

I am not able to answer this question I have no documentary evidence of the accountability processes, if any that pertained.

(5) What guidance was provided to medical staff in 1995 in respect of the completion of clinical records?

I am not in a position to answer this question

(6) Please indicate what teaching and/or training was provided to nursing/ medical staff in and before 1995 in respect of record keeping?

I am not in a position to answer this question

(7) What procedures or protocols were in place in 1995 for monitoring compliance with professional standards for record keeping?

I am advised by the Trust's Governance and Audit Department that records management was not a subject area covered by internal audit or external audit at that time though they do examine these areas now. Clinical audit have have advised that they have been undertaking records management audits over many years including the period covered by this enquiry however records of this activity are only available from 2007 onwards.

(8) In 1995 what arrangements did the RBHSC have for the audit of clinical records? If none, when was a regular audit first developed and on what basis?

I am not in a position to answer this question

(9) In 1995 did the RBHSC/ RGH have guidance, policy or procedures in place governing the retention and/or destruction of records? If so:

(a) Please provide a copy of the same;

In 1995/96 there was no comprehensive governance framework for the management of records with health and Social Care Trusts. The circulars HSS (31/83) and NIHA (75/62) did not relate to general corporate records; examples would include application for Kings fund accreditation, anesthetic and nursing rotas.

In 2004 the Governance framework for records management within Health and Social Care Trusts was consolidated in the document Good Records Good Management issued by the Department of Health. This included corporate records.

Despite the absence of a governance framework for corporate records management in the 1990s, in my personal experience managers would have treated corporate records as valuable and their default position would be to retain and protect them for as long as possible. However, at times, decisions may have been taken by individual managers to dispose of corporate records on the basis of age and based

on a judgment of their likely future value.

- (b) Was the guidance, policy or procedure informed by any published guidance and if so what?

See answer to question 9a

- (c) If the procedures relating to record destruction were governed by unwritten convention, please give details (i) of the same as it applied to child patients, and (ii) whether different procedures applied to different categories of document (iii) the basis upon which documents were classified into categories (iv) if discretion was permitted in that procedure please describe the criteria upon which that discretion was exercised.

I am not in a position to answer this question

- (10) Please confirm whether or not you or your predecessor in post received a report in writing of or into the death of Adam Strain?

I did not receive such a report. My post is new to the Trust and I am the first postholder (2007)

- (11) Did the RBHSC conduct an internal review in respect of any of the following matters after Adam's death:
- (a) The records arising from and relating to the pre, intra and post-operative care of Adam
 - (b) The records arising from communication with Adam's family;
 - (c) Records relating to the equipment used during Adam's surgery?
 - (d) The records relating to staff rotas and other documentation identifying those members of staff involved in the care and treatment of Adam?
 - (e) Records relating to audits, reviews or discussions relating to the care, treatment and cause of death of Adam?

I am not in a position to answer any parts of this question

III. GENERAL

- (12) Please provide any further comments you may wish to make.

At this time there is no individual employed by the BHSCT who had responsibility for records management in RBHSC in 1995. I am not currently nor have I ever been in a role in any organization/Trust where I had responsibility for the management of medical or other records. I have been designated to be a witness to this enquiry because of my senior position

as Co-Director in the Directorate of Planning and Performance, a directorate which has responsibility for records management through the person of the Trust Records Manager

I have been unable to locate any contemporaneous documentary evidence within RBHSC to support any of the questions above.

My answers are based on my understanding of current records management practice.

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed: *Noel William*

Dated: 17/5/12

(12) Recd 2-10-62

NO. 1 IRELAND HOSPITALS AUTHORITY

Telephone No: BELFAST 278716
Telegraphic Address: "NIHOSP" BELFAST.

27, ADELAIDE STREET,
BELFAST, 2.

Circular H.M.C. 75/62

Reference No. 1668/51

28th September, 1962.

Dear Sir/Madam,

Preservation and Destruction
of Hospital Service Records

The Authority have considered the arrangements to be made for the preservation of hospital service records and for the destruction of documents which need not be permanently retained.

The attached memorandum sets out the principles approved by the Authority, after consultation with the Ministry of Health and Local Government and the Public Record Office of Northern Ireland.

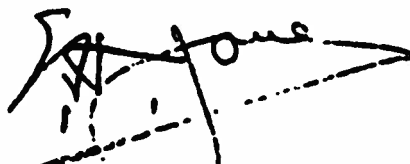
The Authority will be pleased to give advice on any questions arising from the principles set out in the memorandum.

It is advised that the Management Committee should enter in a simple register each decision to destroy records falling within the categories set out in Appendix B, and add a certificate that destruction has taken place. It may be found convenient to fix, say, two or three dates in each year on which a review will be made of records falling due for destruction.

The Authority recommend that the principles set out in the Memorandum should be adopted by Management Committees in dealing with corresponding records relating to Endowments and other Free Funds. Such records are in the control of the Management Committee and are not the property of the Authority.

The Authority wish to be informed of the initial action taken on this Circular and the attached Memorandum. I am to ask that an appropriate statement will be sent to the Authority not later than 28th February, 1963. In particular, the Authority will be glad to be informed as to the Records it is proposed to offer for deposit in the Public Record Office of Northern Ireland.

Yours faithfully,


Secretary.

To: The Secretary of each Hospital Management Committee
(with a copy for each hospital).

423/23

NORTHERN IRELAND HOSPITALS AUTHORITYPRESERVATION AND DESTRUCTION OF HOSPITAL SERVICE RECORDS

Summary - This memorandum sets out arrangements for the preservation and disposal of hospital service records, including records which were vested in the Authority at 1st April, 1948, 5th July, 1948 or 1st April, 1959.

Selection and Disposal of Records

1. The lists contained in Appendices A and B shall be observed as the guide for selection and disposal of hospital service records. Appendix A lists classes which shall not be destroyed at all. Appendix B lists those which may be destroyed. In any case where a hospital wishes to destroy documents but there is doubt whether Appendix B gives authority for this to be done, the Authority should be consulted before any action is taken. The decision to destroy should also be subject to the special reservations set out in paragraphs 4 to 7 below.
2. No documents should be destroyed which are or might be relevant to legal proceedings which have begun or to a pending claim or other matter which could result in legal proceedings.
3. It is important to segregate and take proper care of documents which ought to be permanently preserved. Documents rejected as not required for permanent preservation should be destroyed as soon after the expiry of the specified retention periods as they cease to have usefulness for the purposes of the hospital service. Disposal of rejected documents in a way other than by destruction (e.g. by presentation) will be subject to the approval of the Authority.
4. The actual period of retention of medical records (i.e. part IV in Appendix B) should be determined by medical considerations with particular reference to clinical and research requirements. A joint committee of the Royal College of Physicians and the Royal College of Surgeons considered the question of what proportion of these records it would be desirable to preserve permanently for research purposes and made recommendations, of which account has been taken in compiling the list of classes in Appendix A. Special arrangements may be made by the Authority with particular hospitals for the preservation of a suitable sample of selected classes of certain records.
5. Hospitals which for special reasons consider it desirable and practicable not to destroy any or certain of their clinical records should advise the Authority as to the records they suggest should be designated for permanent preservation. Where approval to the suggestions is given, paragraphs 9 to 14 below will be applicable to the related records.
6. If any former Emergency Hospital Service (1939 - 45) medical records are found to be still in the possession of a hospital, the Authority should be informed.
7. One of the main objects of the arrangements is to ensure the preservation of any documents which are, or may in future become, of historical interest. Hospital should consider very carefully before disposing of documents of any great age, even though they may fall under the head of one of the classes in Appendix B. Any records created before 1900 should be selected for preservation. Similarly a more recent document in such a class should be preserved if there is reason for supposing that it may be of historical interest.
8. The finding of a Committee in England on Departmental Records (Cmd. 9163) (after careful investigation of the use of microphotography for archival purposes) was that the high overall cost of reproduction of records on microfilm would be much more than the cost of providing storage accommodation for the original documents. In view of this conclusion, and of other disadvantages mentioned in the Committee's report, microfilming is not now recommended as a method of reducing the bulk of documents held. If documents have been selected for permanent preservation, the original documents must be preserved;

Transfer of Records

9. Where records are selected for permanent preservation the question will arise whether they should be offered to the Public Record Office of Northern Ireland. The Authority should be consulted in this matter.

10. Management Committees having records thirty years and more old intended for permanent preservation which they consider should be retained in their own keeping are asked to inform the Authority. It is a generally accepted principle that records should become available for public inspection when they are fifty years old, unless there is good reason for access being withheld or made subject to special conditions and restrictions. Committees are asked to give careful consideration to the need for the retention of old records for administrative purposes beyond thirty years, bearing in mind that if such records are deposited at the Public Record Office they can always be seen there and information obtained to meet a special need. Moreover, the Public Record Office will arrange for deposited records to be returned to a hospital if this is found to be necessary in connexion with some current business.

11. If Management Committees wish for a special reason to retain records which are to be permanently preserved and have ceased to be of administrative value at the hospital they should consult the Authority.

Place of Deposit.

12. The Public Record Office is the normal place of deposit for records which are to be permanently preserved. The Authority will be glad to approach the Deputy Keeper of the Records when there is a question of offering records for deposit in the Public Office.

Access to Records

13. In view of the confidential character of medical records and other records containing information about individual patients, the Authority have arranged with the Public Record Office of Northern Ireland that such records will not be available for public inspection in the place of deposit until they are a hundred years old. Other types of hospital records would become available for public inspection when fifty years old, unless in a particular case a longer period is arranged. In all cases where a record covers a number of years the period, whatever its length, would be reckoned from the date of the last paper or entry.

14. Documents closed to the public in general may nevertheless be made available to the holder of special permission to see them obtained from the Authority. The greatest discretion necessarily would be exercised in granting such permission in the case of medical records and other documents containing information about patients. The Authority will require from persons seeking such permission full information as to the purpose of the examination of the records and a signed undertaking not to identify any individual patient's case by name in any research work or other work resulting from such examination.

15. In all matters of doubt as to the application of the foregoing principles to particular cases or treatment of documents or groups of documents where the question of proper disposal is in doubt, the Authority should be consulted.

Classes of Documents which are Not to be Destroyed

1. Minute books, including minute books of governing bodies (and their sub-committees). Minute books of Hospital Committees and sub-committees are included in this category and must not be destroyed.
2. Deeds and correspondence relating to the transfer of hospital property to the Hospitals Authority; to the apportionment and vesting in the Authority of interests in premises used partly for hospital and partly for other purposes; to the purchase, disposal and leasing of property; to the grant of leases, easements, licences and other rights over property by or to the Authority; and to the transfer and discharge of mortgages.
3. Correspondence and other documents relating to town and country planning matters and having a permanent value.
4. Annual accounts and annual statements prepared in pursuance of the Health Services Act (Northern Ireland), 1948, (as amended) or the Mental Health Acts.
5. One set of annual reports of each hospital body, including annual reports of former governing bodies.
6. Documents relating to building and engineering works:-
 - (i) Contract documents, drawings, bills of quantities and other documents of permanent value (i.e. excluding those covered by Item 15 of Appendix B).
 - (ii) Site plans, surveys, record drawings, etc., having a permanent value.
 - (iii) Record documents relating to major projects which have been abandoned or deferred.
7. Central inventories of:-
 - (i) Plant and permanent or fixed equipment.
 - (ii) Furniture and medical and surgical equipment, not held on store charge, having a minimum life of five years.
8. Documents of permanent value relating to benefaction, special donations and memorials of any sort covered by the Health Services Acts, including all trusts created after 4th July, 1948.
9. Post-mortem books.
10. Summaries of clinical notes taken (Front Sheets, Registrars' books, etc.)
11. Discharge Books containing corrected diagnoses.
12. In psychiatric hospitals, the following documents (most of which were prescribed under earlier mental health legislation):

Visitors' Books
General Registers
Post-mortem Records
Medical Records or patients' records (including cards for General Register Office and nursing record (non-statutory))
Hospital Cards (non-statutory).
Patients' Books
Alphabetical Register
Register of mechanical restraint and seclusion

and any similar document relating to psychiatric patients which is used after 31st December, 1961, in psychiatric or other hospitals, for similar purposes.

13. All documents of earlier date than 1900.

14. The following superannuation records: All duplicate forms S.D.55A, B, C, and D and their successors for subsequent septennia.

CLASSES OF DOCUMENTS WHICH MAY BE DESTROYED

Number and Class of Documents	Period after which Documents may be destroyed
<u>Part I - Financial</u>	
1. Estimates: including supporting calculations and statistics.	Three years after the end of the financial year to which they relate.
2. Audit reports	Six years after the end of the financial year to which they relate.
3. Principal Ledger Records: including such documents as cash book, ledgers, income and expenditure journals, etc.	Ten years after the end of the last financial year to which they relate.
4. Minor Accounting Records: (a) Pass-books, bank statements of accounts, paying-in slips, cheque counterfoils and cancelled and discharged cheques; accounts of petty cash expenditure; Travelling and subsistence accounts; minor vouchers, including duplicate receipt books; income records; forms used in connection with the supply of surgical appliances, etc.	Six years after the end of the financial year to which they relate.
(b) Debtors' records	Six years after the end of the financial year in which the accounts are paid or are written off.
5. Cost accounts	Three years after the end of the financial year to which they relate.
6. Bills and receipts	Six years after the end of the financial year to which they relate.
7. Documents, other than those referred to in Item 8 of Appendix A, relating to (a) benefactions, special donations and memorials of any sort covered by the Health Services Act and (b) to trusts created after 4th July, 1948	Six years after the end of the financial year in which the trust moneys became finally spent, or the gift in kind was accepted.
8. Salaries and wages Records (i.e., employees' personal pay records)	Eleven years after the end of the financial year to which they relate.
9. Pay Sheets and Records of unpaid salaries and wages.	Six years after the end of the financial year to which they relate.

Number and Class of Documents	Period after which Documents may be destroyed
<u>Part II - Stores, Equipment and Buildings</u>	
10. Major Stores Records: stores ledgers and equivalents.	Six years after the end of the financial year to which they relate.
11. Minor Stores Records: requisitions, issues notes, transfer vouchers, goods received books, etc.	Two years after the end of the financial year to which they relate.
12. Agreements and simple contracts (and documents subsidiary to these) which are only of temporary or minor importance, i.e., short-term agreements and minor contracts; papers preliminary or subsidiary to contracts; documents relating to contracts for the supply of goods.	Six years after the end of the financial year in which the agreement or contract expires.
13. Engineers' inspection reports on boilers, lifts, etc.	When the plant to which they relate goes finally out of use.
14. Minor Supplies Records: including invitations to tender and unaccepted tenders, routine papers relating to catering and demands for furniture, equipment, stationery and other supplies.	Two years after the end of the financial year to which they relate.
15. Records (other than those referred to in Item 6 of Appendix A) relating to capital and other building works or improvements: including plans and specifications prepared for temporary purposes and papers relating to them.	Two years after they have ceased to be effective.
16. Inventories not in current use of utensils, instruments, bedding, etc., not held on store charge, having a life of less than five years.	Two years after the end of the financial year in which the inventories were in use.
<u>Part III - Establishment and Statistics</u>	
17. Major Establishment Records: including personal files, letters of appointment, contracts, references and related correspondence and records of sick leave.	Six years after the officer leaves the service of the Authority or on the date on which the officer would reach the age of 70, <u>whichever is the later.</u>
18. Minor Establishment Records: including attendance books, annual leave records, time sheets, duty rosters, clock cards and other documents of ephemeral importance.	Two years after the end of the year to which they relate.
19. Documents relating to unsuccessful applications for posts.	One year after the vacancy was filled.
20. Superannuation Records: Original forms S.D.56 	Two years after the end of the financial year in which the officer left the service of the employing authority.

Part III - Establishment and Statistics
(continued)

- 21. Statistical and other returns which were required for ephemeral purposes only and have ceased to be effective.
- 22. Annual statistical returns required by the Authority or the Ministry of Health and Local Government.

One year after the end of the period to which they relate.

Six years after the end of the period to which they relate.

Part IV - Medical

- 23. Mass Miniature radiography records, including microfilms.
- 24. Blood Transfusion Service: laboratory records relating to donors.
- 25. Medical records and allied documents in hospitals (see footnote):
 - (a) Medical records including: Clinical notes (which includes reports from pathological, radiological and other special departments, X-ray films, electrocardiographic and electroencephalographic records).
 - (b) Blood Transfusion Records
 - (c) Consent forms of all types
 - (d) Four hourly temperature charts
- 26. Records of all types of special departments (including almoners' records).
- 27. Operation books
- 28. Casualty notes
- 29. Day and night nursing report books ...
- 30. Ancillary records, including prescriptions, department registers, appointments sheets, attendance registers, etc.
- 31. Appliance Order Forms

Five years after the date on which the film was taken.

One year after the resignation or death of the donor.

Six years after conclusion of treatment; where the patient dies in hospital three years after death.

Six years from date of last entry.

The same.

The same.

Six years from date of last entry.

The same.

The same.

Part IV - Medical
(continued)

32. Records relating to dangerous drugs and poisons:

(a) Registers, record books, prescriptions and other documents kept, issued or made under the Dangerous Drugs Regulations:

(i) Registers, books or records ...

Two years from date of last entry.

(ii) Other documents

Two years from date on which issued or made.

(b) Non-statutory records relating to dangerous drugs.

Two years from date on which issued or made.

(c) Records of medicines included in the First Schedule to the Poisons Rules, and supplied to out-patients.

Two years from date of the last entry relating to the supply of such a medicine.

33. Documents prescribed in the legislation and former legislation relating to mental treatment:

(a) Dispensary book or medicine card or sheet

Two years after the last entry.

(b) Register of dysentery and diarrhoea

Two years after the last entry.

(c) Caution cards

Two years after patient's discharge, removal or death.

(d) List of patients in wards

One year after the last entry.

(e) Diary for Visiting Medical Officers

Two years after the last entry.

34. Undertakings signed by patients admitted to beds designated under the provisions of Section 29(2)(f), 29(2)(g) or 29(2)(h) of the Health Services Act, (Northern Ireland), 1948.

Six years.

Number and Class of Documents

Period after which
Documents may be
destroyed

Part V - Miscellaneous

35. Any documents relating to legal actions or to complaints, including accident record sheets.
36. Documents relating to contractual arrangements with hospitals, etc., outside the Health Service:
- (a) Documents relating to the contractual arrangements.
 - (b) Documents relating to periodical financial settlements made under the contract.
37. Records of patients' property handed in for safe custody.
38. Correspondence and other papers of minor or ephemeral importance, not covered by the foregoing classes: including - advertising matter; covering letters; reminders and letters making appointments; anonymous or unintelligible letters; drafts; duplicates of documents known to be preserved elsewhere (unless they have important minutes on them); indexes and registers compiled for temporary purposes; routine reports; punched cards; and other documents which have ceased to be of value on settlement of the matter involved.
39. Documents relating to the detention of an individual mentally disordered patient required under the Mental Health Act (Northern Ireland), 1961, documents described in or required by earlier, superseded, legislation and documents relating to detention which are not statutorily prescribed or required:
- (a) Patients who have been finally discharged from hospital care (including out-patient care), whether the care was compulsory or had become informal by the date of discharge.
 - (b) Patients who have died

Six years after the end of the financial year in which the incident occurred; or where an action has been commenced, when legally advised that it is safe to destroy the documents.

Six years from the termination of the arrangement.

Six years after the end of the financial year to which they relate.

Six years after the end of the financial year in which the property was disposed of.

Forthwith when the senior officer having charge of the Record is satisfied it no longer is necessary to retain it.

Seven years from the date of discharge or from reaching the age of 21, whichever is the later.

Three years from the date of death.

29th September, 1962.

From: [REDACTED]
Regional Policy Unit
Secondary Care Directorate

Date: 5 July 2000

To: [REDACTED]
Departmental Records Unit

HOSPITAL COMMITTEE MINUTES

1. Your minute of 09 June to [REDACTED] refers.
2. I can confirm that **parts** of Circular HMC 75/62 are still current. I have outlined below where the guidance has been updated and the circulars that refer.
 - * • Circular HSS (SC) 3/96 updated guidance in HMC 75/62 on the retention of personal health records.
 - * • Circular HSS (F) 18/99 updated guidance in HMC 75/62 on the retention of financial and associated records.
3. Circular HMC 75/62 also provides guidance on the retention of records relating to hospital building and engineering works and other hospital personnel records etc. which are not covered by the updated guidance. I would suggest that you might want to ask Health Estates and HRD for their comments on these sections in the old circular.
4. Hospital minutes **are not** being kept and managed in Registered files in this branch. Hospital minutes are not received [REDACTED] directorate either.
5. I am not aware of any changes that would impact on the management of the records concerned.

[REDACTED]

enclosed copies of
circulars *

[REDACTED]

From: [REDACTED]
Regional Policy Unit
Secondary Care Directorate

Date: June 2000

To: [REDACTED]
Departmental Records Unit

HOSPITAL COMMITTEE MINUTES

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3. Hospital minutes **are not** being kept and managed in Registered files in this branch.
4. I am not aware of any changes that would impact on the management of the records concerned.
5. I would suggest that you might want to ask Health Estates and HRD for their comments on these sections in the old circular.

[REDACTED]

1. [REDACTED])
[REDACTED]) who have such a store of knowledge on SCD!
 2. [REDACTED])
-

RETENTION OF HOSPITAL RECORDS

The attached note from [REDACTED] refers to a Circular (HMC 75/62 – Preservation and Destruction of Hospital Service Records), which seems to be the last definitive instruction to the services about the destruction or retention of records. Is it still extant, do you know?

Any comments on [REDACTED] other points? I assume that we no longer get hospital minutes. Does anybody (eg [REDACTED])?

[REDACTED]

[REDACTED]

To: [REDACTED]
Secondary Care
Dundonald House

From: [REDACTED]
Departmental Records Unit

Date: 09 June 2000

Hospital; Committee Minutes

Our telephone conversation on Thursday 8th June refers. As you are aware we recently destroyed files containing such papers. In 1991 legal advice was sought and that determined that the Department were responsible for such records pre and post 1973.

The attached documentation states that all such papers should be kept permanently. If this is the case then all such files would not have to go through the normal review processes but they could be transferred to P.R.O.N.I. once they are closed and reviewed only when being considered for Public release.

Can you confirm if:

- circular H.M.C. 75/62 is still current;
- Hospital Minutes are still being kept and managed in Registered Files by your Branch;
- you are aware of any changes would impact on the management of the records concerned.

We will obviously have to consult P.R.O.N.I. on this matter but your thoughts would be welcomed.

[REDACTED]

[REDACTED]

My Reference... SOL 6802/PCG...

FROM: [REDACTED]
Solicitor's Department
Ext 2517

DATE: 24 September 1991

[REDACTED]
Departmental Records Officer
Room 4.15
Castle Buildings

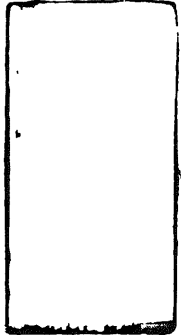
SCRUTINY OF HOSPITAL RECORDS

Your minute of 28 August refers.

I consider that the Department is responsible for both the pre-1948 and post-1973 records.

I trust that the above remarks may be of some assistance to you.

[REDACTED]
for the Solicitor



From: [REDACTED]
Solicitor's Department

Date: // April 1991

[REDACTED]
Departmental Record Officer
Dundonald House

HOSPITAL RECORDS 1948 - 1973

[REDACTED] has referred your minute of 22 February 1991 to me for reply.

By virtue of Article 75(1) of the Health and Personal Social Services (NI) Order 1972, all the assets and liabilities of the Northern Ireland Hospitals Authorities and Management Committees were transferred to this Department. I understand that the records of individual hospitals were held by the appropriate management committees. Hence, this Department is responsible for further records of the individual hospitals.


I trust that the above remarks may be of some assistance to you.

[REDACTED]

for the Solicitor

[REDACTED]

PRWt.


Department of the Environment
PRONI
66 Balmoral Avenue
Belfast BT6 ONP

16733/90

25th September 1991



Dear

SCRUTINY OF HOSPITAL RECORDS

I refer to your letter of 21 August 1991 in which you posed the question about legal responsibility of post-1973 records. I supplemented your question with one of my own concerning pre-1948 records and referred them to our Solicitor's Department. They have replied that DHSS is responsible for both pre-1948 and post-1973 records.

Thank you for forwarding me the photocopies of the documents that I requested during my visit to PRONI. I have used them in my submission for the necessary resources to be provided to undertake the scrutiny of the records. I have not had a response as yet but will keep you advised of developments as they occur.

Yours sincerely

FROM: [REDACTED]
Departmental Record Officer

DATE: 22 February 1991

[REDACTED]
Solicitors' Office

HOSPITAL RECORDS 1948-1973

In 1989 the Public Record Office of Northern Ireland questioned responsibility for records of the old Northern Ireland Hospitals Authority which up to then had been assumed by the Eastern Health and Social Services Board. Legal advice obtained by the Eastern Board indicated that the records were the responsibility of this Department.

PRONI are now anxious to tackle a much larger archive, the records of individual hospitals - see letter of 5.2.91 from Valerie Adams, copy attached. The object is to dispose of unwanted material thus freeing valuable storage space and to subject any of the remaining records that are 30 years of age or older to detailed scrutiny to determine what can be made available to the public.

Your advice regarding responsibility for the hospital records would be much appreciated. Perhaps I should add that in addition to the NIHA archive the Department has responsibility for the Board of guardian records.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



DEPARTMENT OF HEALTH AND SOCIAL SERVICES

General Hospitals Branch

Dundonald House Upper Newtownards Road Belfast BT4 3SF

Telex 74578

Telephone 0232 (Belfast) 650111 ext

To: The Chief Administrative Officer
of each Health and Social Services
Board and the Central Services Agency

Please reply to The Secretary.
Your reference

Our reference A1736/82 (4/24)

Date / August 1983

Dear Sir

RETENTION OF PERSONAL HEALTH RECORDS (FOR POSSIBLE USE IN LITIGATION)

SUMMARY

This circular amends Circular HMC 75/62 and recommends new minimum periods of retention for personal health records (other than records held by the Central Services Agency) to take account of the provisions of the Limitation (Northern Ireland) Order 1976 and the Congenital Disabilities (Civil Liability) Act 1976. It does not give new guidance on the destruction of records.

TIME LIMITS ON ACTIONS FOR PERSONAL INJURIES

1. The Limitation (Northern Ireland) Order 1976 amends the law on the time limits within which actions in respect of personal injuries or death may be brought. The Congenital Disabilities (Civil Liability) Act 1976 clarifies the right of a child born disabled, as distinct from the mother, to bring civil action for damages in respect of that disability. The limitation period in each case is 3 years, but this now runs from when it was first realised that a person has suffered significant injury which may be attributable to the negligence of a third party, or, in the case of a minor, from the time he attains the age of 18 years. The lapse between the 'injury' and 'knowledge' of it is without limit of time.
2. A person of "unsound mind"* can, as long as he remains under the disability in question, bring an action without limit of time through his "next friend". After the person's death, the period of limitation will run against his personal representative(s). Boards will appreciate that, in the context of current practices in the care and treatment of mentally disordered persons, discharge from hospital cannot be regarded as implying that the person has ceased to suffer from the disability.

* Under Section 49(2), as amended, of the Statute of Limitations (Northern Ireland) 1958, a person is conclusively presumed to be of "unsound mind" if he is under guardianship or is a formal patient or is an informal in-patient whose treatment has immediately followed a period of formal detention or guardianship. However a Court may find that a person suffering from mental disorder within the meaning of Section 7(1) of the Mental Health Act (Northern Ireland) 1961 (which includes mental handicap and mental illness) should be regarded as of unsound mind for the purposes of the Limitation (Northern Ireland) Order 1976.

3. The limitation period of 3 years applies only to actions which include a claim for damages in respect of personal injuries. In the case of other claims, eg a claim by a mentally disordered patient that he has been falsely imprisoned, the appropriate limitation period prescribed by Section 50 of the Statute of Limitations (Northern Ireland) 1958 is ~~6 years from the date when the patient ceases to suffer a disability or dies.~~

MINIMUM PERIODS OF RETENTION FOR PERSONAL HEALTH RECORDS

4. Personal health records may now be required as evidence in legal actions for considerably longer than has hitherto been the case. This circular proposes new minimum retention periods which the Department believes are likely to prove acceptable to the Courts. The actual periods for which records are retained will however depend on a number of factors (see paragraph 6 below).
5. Special considerations apply to records relating to children, young people and mentally disordered people. In most other cases, a person or his representative(s) might be expected to know whether he has a cause of action within 5 years of the alleged negligence, from which time the limitation period should be taken to run. It is recommended that the following minimum retention periods should be observed:-

(a) Obstetric Records

25 years.

(b) Records Relating to Children and Young People (including Paediatric, Vaccination and Community Child Health Service Records)

Until the patient's 25th birthday or 8 years after the last entry, if longer.

(c) Records Relating to Mentally Disordered Persons within the meaning of the Mental Health Act (Northern Ireland) 1961

20 years from the date at which, in the opinion of the doctor concerned, the disorder has ceased or diminished to the point where no further care or treatment is considered necessary.

The records described at (a), (b) and (c) above need only to be retained for a minimum of 8 years after the death of a patient (or, in the case of obstetric records, death of the child).

(d) All Other Personal Health Records

8 years after the conclusion of treatment.

ACTUAL PERIOD OF RETENTION OF PERSONAL HEALTH RECORDS

6. Subject to the minimum periods proposed, it is for Boards to decide on actual periods of retention, having regard to the wishes of individual consultants with responsibility for the cases in question, the requirements of research and the responsibilities of Boards under the Public Records Act (Northern Ireland) 1923, as well as to implications for litigation.

MICROFILMING OF RECORDS

7. Paragraph 8 of Circular HMC 75/62 recommended that microfilming should not be used as a method of reducing the bulk of documents held and that, if documents have been selected for permanent preservation, the original documents must be preserved and it was not permissible to preserve microfilm copies in their place.
8. Legal opinion now indicates that by virtue of the provisions of the Civil Evidence Act (Northern Ireland) 1971 it is acceptable to substitute microfilm copies for the original documents within the period for which those documents must legally be retained. This Act amended the law of evidence in relation to civil proceedings and in particular to the admissibility of statements produced by computers. Section 6 of the Act in its definition of "document" includes "any film, negative, tape or other device in which one or more visual images are embodied so as to be capable (as aforesaid) of being reproduced therefrom". The Section goes on to define film as including a microfilm.
9. In view of this change and the extension of minimum retention periods for personal health records recommended in this circular, together with the increased pressure on storage space to which this will inevitably lead, Boards who are not already using it may wish to consider the merits of microfilming as a method of reducing the bulk of documents held.

MINIFICATION OF X-RAY FILMS

10. The number of radiological examinations and the average number of films produced at these examinations have increased significantly over the past 15 years. In hospitals where the space required for storing this increasing volume of X-ray films is either not available, or only available at a high capital cost, alternative methods of storing X-ray film have been sought. One such method is the copying of full sized radiographs into a miniature form (35 mm for example) which can be stored in approximately 2% of the space required for conventional records and which simplifies the retrieval of films.

The Central Medical Advisory Committee and the Chief Medical Officer's Special Advisory Committee on Radiology have approved the principle of minification as an acceptable solution to the problem of X-ray film storage. With the approval of appropriate medical staff, it will be for Boards and Districts to decide whether to introduce minification into an individual hospital having regard to the availability of space, labour and the financial implications involved.

IMPLICATIONS FOR LITIGATION OF DISPOSAL OF RECORDS

11. As records could be required in litigation virtually without limit of time, the Department recognises that some records may be destroyed which may subsequently prove relevant to litigation. The Department's view, however, is that the cost of indefinite retention of records would greatly exceed the liabilities likely to be incurred in the occasional case where defence to an action for damages is handicapped by the absence of records.
12. If an officer involved in litigation claims that prior disposal of relevant medical records has prejudiced the outcome, this should be considered by the Board along with all other factors when the apportionment of any liability as between the officer and Board is being contemplated.

AMENDMENT OF CURRENT INSTRUCTIONS



13. Much of the guidance contained in Circular HMC 75/62 remains valid and it should be read in conjunction with this circular. With respect to minimum periods of retention and to microfilming of medical records, however, the guidance contained in the above paragraphs should be followed.

14. This circular, relating as it does to personal health records, covers only a small section of the wide range of records held by Boards. It is apparent that there is a need for consolidated guidance on the retention and storage of records in general and this is being considered at present by the Department.

ACTION

15. Boards are asked to observe the minimum periods for retention of personal health records recommended in this circular and to bring this advice to the attention of all staff concerned.
16. This circular does not apply to records held by the Central Services Agency.

Yours faithfully

BELFAST HEALTH AND SOCIAL CARE TRUST

Job Description

JOB TITLE: Co-Director, Information Services
BAND: 8c
REPORTS TO: Chief Operating Officer / Deputy Chief Executive

JOB SUMMARY

The Co-Director of Information Services will be responsible for the strategic and operational leadership of the Information Services function within the Belfast Trust. The postholder will be responsible for the development and effective operation of the Trust's Information Services in support of the Trust's business objectives.

KEY RESULT AREAS

Setting Direction

- Responsible for the development and implementation of a Trust-wide information services strategy.
- To manage and provide strategic leadership of the Information Services function within the Trust.
- Ensure the Information function supports the delivery of the Trust's Corporate objective's and achievement of its strategic goals. In particular it should support and underpin the Trusts clinical, managerial governance and performance systems.

Service Delivery

- To manage the Information services functions of the Trust.
- To ensure Information services produces the necessary information to support the Trusts clinical and managerial systems.
- To ensure the delivery of high quality information services to support the Trusts performance management systems.

- To develop and ensure delivery of a set of key objectives and targets for the Information Services functions.
- To ensure the production of all monitoring and performance reports related to the Information functions.

Development and Innovation

- Responsible for the identification, development and implementation of new Information reporting systems within the Trust.
- To identify new and innovative ways for Information services to support the delivery of the Trusts services and the achievement of corporate objectives.

Collaborative Working

- Work closely with Directors and Co-Directors across corporate functions and Service Groups on all aspects of Information services.
- Ensure Belfast Information services and policies are consistent with National and Regional guidance.
- Ensure Information systems and services support the development of clinical and service networks.
- Establish collaborative working relationships with DHSSPS, HSSA, HSC Trusts and other stakeholders.

Communication and Information Management

- To develop and manage the performance management arrangements for the Information function within the Belfast Trust.
- Develop robust communication systems to support and promote the Information services functions.
- Develop and implement robust monitoring systems on matters relating to the Information services strategies, objectives and targets.

Quality

- To ensure robust standards and systems of governance exist for the Information function.
- Ensure Information strategies and objectives take cognizance of national and regional standards.
- Participate fully in Trust wide quality initiatives particularly those requiring information support.

- **Develop and implement robust systems of risk management in the areas of Information services.**

Financial and Resource Management

- **To take full budgetary responsibility for the Information function within the Belfast Trust.**
- **To maximise the use of Information as a tool to achieve better value for money in the delivery of health and social care.**

People Management and Development

- **Provide strategic leadership to staff working in Information services.**
- **Ensure the management structures and arrangements in Information services support a culture of effective team working, staff recognition, continuous improvement and innovation.**
- **Lead by example in practicing the highest standards of conduct in accordance with the code of conduct for HPSS managers.**
- **Participate in the Trust's Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of immediately subordinate staff. Provide guidance on personal development requirements and advise on and initiate, where appropriate, further training.**
- **Ensure that the review of performance identified above is performed for all levels of staff within the Trust in accordance with the Trust Board's policy.**
- **Maintain good staff relationships and morale amongst the staff reporting to him/her.**
- **Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.**
- **Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.**
- **Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.**
- **Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.**
- **Promote the Trust's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.**

GENERAL RESPONSIBILITIES

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and:

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.
- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- comply with the Trust's No Smoking Policy.
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- adhere to equal opportunities policy throughout the course of their employment.
- ensure the ongoing confidence of the public in service provision.
- comply with the HPSS code of conduct.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Co-Director, Information services works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Director.

RECORDS MANAGEMENT

Trust staff are responsible to the Chief Executive for all records held, created or used as part of their business including corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Information Regulations 2004 and the Data Protection Act 1998.

July 2007

Terms and Conditions

Full- Time/Job Share

The NHS terms and conditions (Agenda for Change) will apply to this post

Salary will be Band 8C

In addition to 10 public holidays, the annual leave allowance will be as follows:-

- **On appointment – 27 days**
- **After 5 years service – 29 days**
- **After 10 years service – 33 days**

He/she may be required to travel throughout Northern Ireland, the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should therefore have access to a form of transport that will permit them to meet the requirements of the post in full and be prepared to travel as required.

Personnel Specification

Title of Post: Co-Director Information Services

Band: 8 C

Responsible to: Chief Operating Officer

Knowledge, skills and experience required:

Applicants must provide evidence by the closing date for application that they are working in a substantive post in the Belfast HSC Trust¹ or Medical Physics Agency and:

- **have a university degree or relevant professional qualification at graduate or diploma level, and have worked for at least 2 years in the last 5 years in a senior information management role.**

OR

- **have worked for at least 4 years in the last 5 years in a senior information management role.**

AND

- **demonstrate evidence of personal responsibility for achieving measurable improvements, at an organisational level, across a range of information management activities**
- **demonstrate evidence of successful leadership through change processes which has enhanced information capacity and capability.**
- **have worked with a diverse range of stakeholders, both internal and external to the organisation, to achieve successful outcomes.**
- **demonstrate evidence of leading in developing plans that enable efficient and effective organisational change**
- **have excellent communication skills, both orally and in writing.**

¹ **Belfast Trust area covers the Belfast City Hospital, the Mater Infirmorum, , The Royal Hospitals, North and West Belfast, South and East Belfast, and Greenpark.**