

# IBI request for account of NHSGG&C archiving systems

1. In 1974 the tripartite system of NHS administration with regional hospital boards, executive councils (responsible for GP services) and local authorities (responsible for public health) came to an end. These functions were integrated under area health boards. Shortly after the reorganisation, a formal archive system for records of long-term value was established in Glasgow. Initially the Archive concentrated on acquiring and cataloguing the records of the defunct Western Regional Hospital Board, Executive Council for Glasgow and of second-tier Boards of Management for groups of hospitals. Local authority records relating to Public Health remained with the municipal archives. Subsequently the scope of the Archive has broadened, as is apparent from the information given below.

2. The Board maintains an archive repository which is co-located with Glasgow City Archives in the Mitchell Library at Charing Cross, Glasgow. This holds 1,500 shelf metres of records selected for long-term preservation because they are of particular importance for legal, administrative, historical or accountability purposes or because there is a statutory requirement for them to be retained.

3. The process for archiving is based on the Board's archive policy, revised in 2019. This states that the criteria for acquisition are as follows:

Records will be retained relating to:

- significant developments in medical care that take place (or have taken place) primarily in the Greater Glasgow and Clyde area;
- the decision making processes of the Board in the past (these will now be stored electronically)<sup>1</sup>;
- the property of the Board if of historical interest.

In addition the Archive will acquire, organise, describe and make available personal papers and private records where these were created by persons of outstanding distinction and/or relate to significant developments in medical care that take place (or have taken place) primarily in the Greater Glasgow and Clyde area or serve to provide information about groups and grades of staff who would otherwise be under-documented in the Archive.

Only original documents are transferred to the archive repository. As this is an NHS facility, wholly funded by the NHS, there is no need to retain copies of documents in their places of origin. Approximately 2.5% of the NHSGG&C Archive's holdings have been digitised and made available online for remote access: the original documents have been retained after being digitised.

Clinical records held by the NHSGG&C Archive characteristically pre-date 1948. A significant exception arises in relation to psychiatry. To comply with the Lunacy (Scotland) Act of 1857, clinical records for in-patients are held up to 1960. The destruction of clinical records of psychiatric patients became lawful thereafter, under the Mental Health (Scotland) Act of 1960. Following the creation of NHS trusts in 1993/94 there was widespread destruction of non-current clinical records, particularly those dating to the 1950s, 1960s and 1970s.

Administrative records have been transferred from the Board's headquarters through the Records Handling System (RHS) since 1993. The RHS was set up following the closure of the central registry. Files created in the different head office departments and divisions are routed through the RHS for two primary reasons: to achieve economy in the storage and retrieval of semi-current records; and, to provide an audit trail. The Board's headquarters functions (Board Administration / Secretariat, Chairman's Office, Chief Executive's Office, Corporate Communications / Press Office, Finance Department, Health Promotion, Property Department, Public Health) are well represented in the Archive.

Ensuring that records of second tier administrative bodies are transferred to the NHSGG&C Archive has proved a challenge. In part this is a matter of scale. The Board has approximately 40,000 staff in total and only 1.6 full time equivalent (fte) archive staff. So co-ordinating with a multiplicity of second tier administrative bodies is not easy. The rapid pace of change, with second tier administrative bodies being reorganised seven times since 1974 is also a factor.

4. Not applicable for me to comment on from GGHB Archive perspective.

5. Not applicable for me to comment on from GGHB Archive perspective.

6. The Board has followed the relevant statutory guidelines: [listed below]. There was a period in the early 21<sup>st</sup> century when the shortcomings of the outmoded SHM58/60 caused serious difficulties. In 2004 we issued our own guidance to clarify issues raised by staff 'Records Management Guidance Note 1. Retention and destruction of business records' (2004).

Alistair Tough, 13<sup>th</sup> December 2019

## **List of statutory guidelines relating to retention and disposal of records in the NHS in Scotland:**

SHM 58/60 'Scottish Health Service, destruction of hospital records' (1958)

ECS (Administrative) Circular No 21/1969 'Disposal of records that have lost their value' (1969)

NHS MEL (1993) 152 'Guidance for the retention and destruction of health records' (1993)

NHS HDL (2006) 28 'Management, retention and disposal of administrative records' (2006)

CEL 31 (2010) 'Records Management: NHS Code of Practice (Scotland)' (2010)

'Records Management: NHS Code of Practice (Scotland)' Version 2.1 (2012)

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<sup>i</sup> From 2015 onwards formal decision making records have been archived electronically