

Name of witness: Brendan Sheehy
For party: DHSC
Number of statement:
WITN0001001
Exhibits: WITN0001002-
WIT0001014
Date: 10 October 2018

IN THE MATTER OF THE INQUIRY INTO INFECTED BLOOD

**WITNESS STATEMENT OF BRENDAN SHEEHY FOR THE DEPARTMENT OF
HEALTH AND SOCIAL CARE**

I, Brendan Sheehy, C/O The Department of Health and Social Care ("DHSC"), Towneley House, Burnley, BB11 1BJ, will state as follows:

1. I have been employed by the DHSC since January 2012 as the Departmental Records Officer, but have previously held a number of roles related to information and records management in the Department since 2003.
2. Save where otherwise stated, all facts and matters referred to in this witness statement are true and within my own knowledge and have come to my attention during the course of my work. Insofar as facts and matters are not directly within my knowledge, they are true to the best of my knowledge and belief. I am duly authorised to make this statement on behalf of the DHSC.
3. I make this witness statement in connection with the DHSC's role as Core Participant in the Infected Blood Inquiry ("IBI") and further to a request under Rule 9(1) and 9(4) of the Inquiry Rules 2006 dated 11 July 2018. This request asked me to address the following issues and matters: A complete account of the DHSC archiving system, including a summary of each three letter prefix

(whether considered relevant to the Inquiry's terms of reference or not). A list of all DHSC repositories, including those storing documents and information in hard copy, electronic format and any other form (whether the documents and information stored within the repositories are considered relevant to the Inquiry's terms of reference or not), together with an indication of the quantity of documents and information stored at each facility. An account of the process for archiving DHSC documents and information at The National Archives. To include, but not limited to, the following information: the criteria for the transfer of DHSC documents and information to The National Archive; whether original documents are transferred to the National Archive and if so whether the DHSC retains copies; whether as part of the archiving process hard copy material is transferred to electronic format and if so whether the hard copy material is retained. A list and summary of all organisations and agencies (together with current contact details which may be provided separately) for which DHSC had or has any control, responsibility, or oversight since the inception of the NHS in 1948, that processed information and material potentially relevant to the Inquiry's terms of reference.

4. I attach to this statement thirteen documents which I exhibit as **[WITN000102-WITN0001014]**. The letters in this statement in bold font and square brackets are references to the letters in the exhibit.

- i. The DHSC's archiving system

Organisation of Records

5. The DHSC has a federated records management system, whereby the Departmental Records Office ("DRO") sets out the policy and guidance to be followed by the individual business units which are part of the DHSC. The DRO provides storage facilities for records that are no longer actively needed by the

business units for the remainder of their lifecycle. The DRO is also responsible for compliance with the Public Records Acts 1958¹.

6. The individual teams within the Department decide the best way of managing their records in accordance with the published guidance. A 'file office', sometimes called a 'registry', is created and records that are being actively used are stored and managed there. Each file office is allocated a number to identify it, as well as prefixes that corresponded to a subject matter. This provides the individual businesses with a logical structure for managing the records. The DRO controls the allocation of file office numbers and file prefixes.
7. The file office actively manages files that are required by the business by, for instance, recording new files, their location, and applying review decisions before they are sent to the DRO.

Key policies and guidance

8. The key guidance for records management in the DHSC, was published in 1994 under the title 'For the Record' [WITN0001002]. It sets out the responsibilities and procedures for both file offices and the DRO.
9. 'For the Record' was preceded by guidance issued in 1989, titled 'Guidance for File Sections [WITN0001003]. This guidance states on page 1 that "*Prior to 1979 DHSS [the Department for Health and Social Security] had only one registry, serving all Central Office and HQ Branches. Following a decision to "de-centralize", individual branch registries were created ...*". This guidance is supported by another (undated) document titled 'Managing Registered Files',

¹ 1958, c51 available at <https://www.legislation.gov.uk/ukpga/Eliz2/6-7/51/contents> amended by 1967 c44 available at <https://www.legislation.gov.uk/ukpga/1967/44/contents> which reduced the time that records were available at a Place of Deposit from 50 to 30 years (see paragraph 40 below. The Constitutional Reform and Governance Act 2010, (2010, c25) part 6 is progressively reducing the 30 years to 20 years (available at <https://www.legislation.gov.uk/ukpga/2010/25/part/6>)

which I believe to have been published at around the same time [WITN0001004].

Management of Paper Records

10. The Department of Health and Social Security ("DHSS") was formed in 1968, until it was split into two separate departments in 1988; the Department of Health ("DH") and the Department of Social Security. DHSS had a single file store in London, before it was moved to Nelson, Lancashire in 1987.
11. In 1994, the DH moved their DRO to separate premises in Nelson.
12. The DRO and file offices used paper based systems for registering the files and recording their movement. This was in the form of card index slips that recorded the existence of a file by the file reference and subsequent movements. A series was maintained by both the file office, so that there was a record of files that had been created, and by the DRO, so that there was a record of files deposited and disposed of.
13. The DRO was staffed by civil servants employed by the DHSS, then DH until 1996. On 1 April 1996, the delivery of file-store services was transferred to Hays Information Management following their successful tender. The contract with Hays included a requirement to deliver an automated inventory management system. Following the creation of a file-store database, the index slips were destroyed. This means that records of files that were destroyed prior to the automation of the file-store, no longer exist.
14. The responsibility for records management policy remained with civil servants employed by the Department. Hays IMS was subsequently acquired by Iron Mountain.
15. The DHSC no longer holds records of the file structures and processes in place prior to 1979. A description of the organisation of files before this time

has been added to The National Archives ("TNA") catalogue, known as Discovery².

Management of Electronic Records

16. The *Modernising Government*³ white paper published in March 1999 set the objective for the Public Records Office, as TNA was then known, to lead a strategy so that by 2004 all records would be created and stored electronically. The DHSC responded to this by considering applications available in the market, but decided to develop a bespoke application using Lotus Notes software.

17. The application was called MEDS, an acronym for the 'Management of Electronic Documents Strategy'. MEDS had been fully developed and rolled out by 2003. It also reflected the established guidance in 'For the Record'. MEDS was the primary storage area for electronic records until 2013, when new records were placed into a Microsoft SharePoint application branded internally as IWS (Information WorkSpace). The documents that had been stored on MEDS continue to be held there and they were not transferred on to IWS.

18. The 'Information Management Policy' was published in 2009 to reflect that managing information extends beyond that covered by 'For the Record' [WITN0001005]. This policy makes clear the obligations for creating records and placing them on the appropriate systems. The policy has been updated to reflect the move from MEDS to IWS and that the creation of paper records will be by exception [WITN0001006].

² Available at <http://discovery.nationalarchives.gov.uk/details/r/C206>

³ Part 5 of the paper on 'Information Age Government' is available at <http://webarchive.nationalarchives.gov.uk/20131205122601/http://www.archive.official-documents.co.uk/document/cm43/4310/4310-05.htm>

Allocated Prefixes

19. I exhibit a list which shows all of the prefixes that were allocated to the files, with the exception of those that related solely to the business of the Department for Social Security. The list also shows which file office the prefixes belong to and a description of that file office [WITN0001007]. The data has been extracted from the 'Central File Registry', which is a database comprising the collection of databases known as 'MEDS'.

20. The File Offices tab shows the known file offices within business units, together with information on where the file office sat within the organisation. The prefixes will show the subject area to which those files relate. Records can be found by subject area (by identifying the prefix) or the area of the business that created those records (by selecting prefixes which are associated with that file office number).

21. File Offices will have at least one allocated file prefix at time of creation, however, due to organisational change those prefixes may have been moved to other file offices. The source Central File Registry will usually contain brief notes to explain key highlights of any organisational change.

22. File Offices which contain "Reading Room" have been created for administrative convenience. They have been used as a repository for copies of records which exist in other file offices, as a way of bringing those disparate records together so that they can be viewed within a single MEDS database. The 'Blood Reading Room' was used for collating information in relation to a judicial review.

ii. The DHSC's repositories

23. The vast majority of the DHSC's paper records are stored with Iron Mountain, at four separate locations in England; Warrington, Birmingham, Stafford and

Belvedere. There are 9,827 archive boxes of material and an additional 427,000 files. The electronic records which are stored in MEDS amount to approximately 30 million documents, totalling around 5TB of data. As with paper records, these are organised into file offices, and there are MEDS databases for each of them. This amounts to more than 1500 separate MEDS databases.

24. I exhibit a table which shows where the records owned by DHSC are stored with Iron Mountain [WITN0001008]. This table is accurate as at 22 August 2018. The DHSC contracts with Iron Mountain to provide a storage service and in general terms, it is for them to determine where records are physically stored on their estates. The quantities reflected in the table are expected to vary over time. This can be, for example, as a result of the records being recalled by DHSC for administrative purposes, destroyed as per destruction policies, or transferred to TNA. Iron Mountain may have operational reasons to move records between buildings on their estate.

25. IWS, the successor to MEDS, is based on the Microsoft SharePoint Application for document management and uses a simplified library system of broad topic areas. There is approximately 3TB of data within IWS, which spans the period of 2013 to date. To date, there are approximately 7.4 million documents held in the system.

26. The implementation of IWS gave the DHSC cause to consider how records should be structured and marked a departure from File Offices and prefixes to a corporate fileplan. Within this structure there are three SharePoint 'sites': i) "Corporate Services"; "Governance and Finance" and iii) "Policy, Legislation and Evidence". These sites are intended to hold records. In order to support the requirements to store other documents, "team areas" were created as separate 'sites' so that business units could share more ephemeral information.

27. The DHSC has inherited records formerly owned by Primary Care Trusts and Strategic Health Authorities. The paper records are stored with 42 third party records management companies [WITN0001009], at approximately 80 different locations [WITN0001010]. There are in the region of 489,000 archive boxes of material stored. Out of these, there are 85,000 boxes of material where the DHSC is the data controller, with the remainder owned by other organisations but stored under a contract which is held by the DHSC. DHSC do have the right to access this information but have not previously exercised these rights. This is because it would not be appropriate to access records where the DHSC is not the data controller, even if the ability to do so existed. Furthermore, electronic records are also stored with a third party data storage supplier and amount to 96TB of data.

28. In addition to the structured methods of information and document storage set out above, the DHSC also holds information and documents in shared and personal drives. These are not routinely reported on and a report on size would have to be commissioned from our IT supplier ATOS.

29. DHSC has a central Information Asset Register ("IAR") that provides details of over 145 electronic collections of data created and maintained across the DHSC estate [WITN0001011]. Amongst other detail, the register provides the name or title of the asset, a description of the content, the purpose and the identity of the Information Asset Owner.

iii. Archiving the DHSC's documents and information at the National Archives ("TNA")

30. The individual business unit will consider the retention of records that they hold. This is referred to as the 'branch review'. The business unit will then conduct a 'first review', during which they will indicate whether the records are to be retained for a defined period before destruction (referred to as 'destroy at first review' within the guidance), or whether they should be considered for a 'permanence review' (in previous guidance this has been referred to as a

'second review'). The records due for permanence review are considered against the collection policies published by TNA⁴.

31. Historically every file that reached its permanence review date would be considered for transfer to TNA. This reflected practices established by the 'Committee on Departmental Records: Report' (commonly known as the 'Grigg Report') published in 1954 [WITN0001012]. Guidance from TNA in 2004 supported a move to 'macro appraisal'⁵. The initial consideration for permanent preservation is now done by prefix area, in order to determine whether the collection of records meets the TNA selection criteria. Records that are selected for permanent preservation or destruction, are presented to TNA for their endorsement of records proposed for transfer. TNA has their own processes for selection⁶.

32. The intention of macro appraisal is to review files by prefix area rather than file-by-file to determine whether the files are suitable for permanent preservation. This allows a series of files to be considered rather than individual files, and will allow the reviewer to determine whether future files in the series would be considered for destruction, transfer or cannot be determined and would need to have a file-by-file review undertaken.

33. Where there is agreement with TNA about the transfer of records, they are reviewed for 'sensitivity'. This process ensures that any sensitivities based upon the exemptions under the Freedom of Information Act 2000 are considered. The appropriate redactions and closures are then made to the records prior to the transfer. Records are closed when there is a significant amount of material that should not be released to the public as one of the Freedom of Information Act exemptions applies. Where there is information that should be withheld, this will be extracted or redacted and placed in a closed extract file. The material can then be easily inserted back into the file

⁴ Section 3 of the Records Collection Policy at <http://www.nationalarchives.gov.uk/documents/records-collection-policy-2012.pdf> describes the broad criteria under which records should be selected.

⁵ Available at http://www.nationalarchives.gov.uk/documents/information-management/appraisal_policy.pdf

⁶ <http://www.nationalarchives.gov.uk/information-management/manage-information/selection-and-transfer/>

when the exemption no longer applies. DHSC will typically close files as they contain sensitive personal information (s.40). The 'open' file together with the 'closed extract' are transferred to TNA at the same time. The extract becomes accessible at TNA once the reason for closure has expired. Files that are 'closed' entirely are also transferred to TNA.

34. The redactions and closures are for specified periods of time and are approved by The Advisory Council on National Records and Archives⁷ ("ACNRA"), commonly referred to as the Advisory Council.

35. Once the Advisory Council has provided approval, TNA will undertake an inspection of the records to be transferred to ensure that they have been prepared to the archival standards which they have set⁸. The final stage is to agree a date with TNA for the transfer of the physical records.

36. The original records are transferred to TNA. Copies of those records are not retained by the DHSC. There may be occasions where the DHSC may need to request the temporary return of records to support ongoing business, in which case a scanned copy of the required records is requested. The copies of the records are not managed as a new set of records but rather, they are considered to be working papers.

37. The DHSC has a digitised collection of records, which were used by the Penrose Inquiry. The "digital surrogate" records were transferred to TNA in series JA418. This means that a digital replica of the file has been placed at TNA, but it is not the original record. 'Digital surrogate' is the term used to distinguish it from records which were originally created electronically, which are known as "born digital" records. The DHSC has retained the original paper records and does not intend to additionally transfer those to TNA.

⁷ A description of the Council is available at <http://www.nationalarchives.gov.uk/about/our-role/advisory-council/>

⁸ Policies and procedures are available at <http://www.nationalarchives.gov.uk/information-management/manage-information/selection-and-transfer/cataloguing-and-preparation-of-records/physically-preparing-records/>

38. The DHSC has various historical documents to support the review processes, including the "Guide for Departmental Records Officers" which is dated 1971 and published by HMSO [WITN0001013].

iv. Organisations and agencies for which DHSC had control, responsibility or oversight since the inception of the NHS in 1948

39. The DHSC do not hold an authoritative list of the organisations and agencies that were under DHSC's control, responsibility or oversight since the inception of the NHS in 1948. Since the inception of the NHS there have been a number of significant restructures. The consequence of these restructures has meant that the health care landscape has become extremely complex. There are number of bodies that were once under DHSC's control, responsibility or oversight that no longer exist. There are those that were once under DHSC's control, responsibility or oversight which have subsequently been transferred to private ownership, such as BPL. Although it would be possible to provide a list, it would run into at least 100,000 organisations. Further, the production of the list would be on the basis of secondary sources of information such as Establishment Orders, Primary Legislation, Trade Directories and suchlike. The necessary reliance on secondary sources means that there will be a margin of error as the sources maybe incorrect. By way of example, the sources will show that the NHS Commissioning Board was established on 1 April 2013 but this would not show that the Board was operating in shadow form since 2011 nor that they are commonly referred to as NHS England.

40. For the reasons outlined above providing a list and summary as requested requires significant research given the scale of the request and the DHSC will need more time to produce the information requested. This is likely to take at least a year to produce and possibly, much longer. The majority of NHS management organisations in place before 2013 have now been abolished and their records will either be in a current NHS organisation, with the DHSC (as legacy) or in a place of deposit (as described in paragraphs 49-51 of this statement). Accordingly, it is possible to negate the need to create a complex

organizational history because the records will be held in a number of defined places. The Kings Fund has produced some animations to describe the structure of the NHS and may assist the Inquiry⁹.

41. I hope it will assist the Inquiry to set out in necessarily broad terms, given the issues set out previously, the types of organisations that were extant at key structural points in NHS history. This description is abbreviated but it does broadly set out where the chains of command lay. The original structure of the NHS was based upon 146 Local Health Authorities, 140 Executive Councils and 14 Regional Hospital Boards giving oversight to 377 Hospital Management Committees¹⁰. A significant reorganisation took place on 1 April 1974¹¹ following the enactment of the NHS Reorganisation Act 1973¹². The reorganisation resulted in 14 Regional Health Authorities having oversight of 90 Area Health Authorities, who in turn, managed 205 District Management Teams. Furthermore, 90 Family Practitioner Committees were responsible for managing primary care services (General Practitioners)¹³.

Subsequent restructure of the NHS

42. The National Health Service Act 1977¹⁴ introduced the ability for the Secretary of State to create Special Health Authorities¹⁵ and set out a number of statutory organisations such as the Public Health Laboratory Service Board¹⁶.

43. The NHS Executive was formed in 1989. There were further significant changes in the NHS organisations following the enactment of the National Health Service and Community Care Act 1990¹⁷ and the creation of the NHS

⁹ <https://www.youtube.com/watch?v=DEARD4I3xtE>

¹⁰ Charles Webster, *The National Health Service: A Political History* Oxford: OUP, 1998. Page 21.

¹¹ The National Health Service Reorganisation Act 1973 (Appointed Day) Order 1973 (SI 1973; no. 1956) available at <https://www.legislation.gov.uk/uksi/1973/1956/contents/made>

¹² 1973 c32 available at <https://www.legislation.gov.uk/ukpga/1973/32/contents/enacted>

¹³ (ibid, p108)

¹⁴ 1977 c49 available at <https://www.legislation.gov.uk/ukpga/1977/49/contents/enacted>

¹⁵ 1977 c49, Section 11 until repealed by the National Health Service Act 2006. Special Health Authorities can be created under Section 28 of the 2006 Act.

¹⁶ 1977 c49, Schedule 3 at <https://www.legislation.gov.uk/ukpga/1977/49/schedule/3/enacted>

¹⁷ Available at <https://www.legislation.gov.uk/ukpga/1990/19/contents>

"internal market". The internal market was created by splitting organisations between "commissioners/purchasers", who would purchase health care service from "providers". Providers would compete for contracts from purchasers. GP fundholders delivered primary medical services (e.g.: GP surgeries) and held the budget for commissioning secondary care services (e.g.: hospital care). Hospitals could apply to become NHS Trusts, which had a level of autonomy away from DH operational control.

44. The Health Authorities Act 1995¹⁸ changed the structure of the NHS so that on 1 April 1996, all 8 Regional Health Authorities were abolished. Some of their functions were transferred to the Regional Offices of the NHS Executive that were established in 1994. At the same time, all District Health Authorities and Family Health Services Authorities were abolished to be replaced by 100 Health Authorities.

45. In 1997, the DHSC published the structure of the NHS in the Departmental Report¹⁹. This showed that the NHS Executive had 8 Regional Offices, which were responsible for 429 NHS Trusts, 100 Health Authorities, 13,423 GP fundholders and 13 Special Health Authorities. The other provision of health care services, other than through hospital care, was through independent contractors (of which there were 31,748 General Practitioners, 15,941 General Dental Practitioners, 9,787 Pharmacies and 6,678 Ophthalmic Contractors).

46. The Health and Social Care Act 2001, dissolved the Health Authorities and established Primary Care Trusts ("PCTs") and 28 Strategic Health Authorities ("SHAs"). The Regional Offices were also dissolved, with some of their functions passing to Directorates of Health and Social Care, which were based at Government Offices for the Regions ("GoRs").

47. A reorganisation of PCTs took place in October 2006, with the number of PCTs being reduced to 152 and SHAs reduced to 10. PCTs and SHAs were

¹⁸ 1995 c17 available at <https://www.legislation.gov.uk/ukpga/1995/17/contents>

¹⁹ Department of Health, *Departmental Report*, Cmd 3612 (London: TSO, 1997). Annex E.

dissolved on 1 April 2013 following the enactment of the Health and Social Care Act 2012²⁰.

Location of Records for NHS bodies and central government agencies

48. The Public Records Act 1958²¹ obliges public bodies to consider records for permanent preservation before the records reach 30 years of age, which is being progressively reduced to 20 years following the enactment of the Constitutional Reform and Governance Act 2010. Records that are selected for permanent preservation should be deposited at a 'Place of Deposit'. TNA appoints 'Places of Deposit' and maintains a list of those places²².

49. The general principle in records management is that the records should 'follow the function'. This means that records are either held by a current organisation, or that the age of the material indicates that it has been transferred to a Place of Deposit.

50. The Place of Deposit for central government records is TNA. NHS organisations should deposit their records at the archive that covers their headquarter address.

Health services in England, Scotland, Wales and Northern Ireland

51. The DHSC is currently responsible for health services in England.

52. Health services in Wales became the responsibility of the Secretary of State for Wales in 1969²³. The majority of health functions were subsequently transferred to the National Assembly for Wales in 1999²⁴.

²⁰ 2012 c7. Available at <https://www.legislation.gov.uk/ukpga/2012/7/contents>

²¹ Available at <http://www.legislation.gov.uk/ukpga/Eliz2/6-7/51/enacted>. The Act specified that records should be transferred at 50 years, but this was reduced to 30 years by the Public Records Act 1967 (which is available at <https://www.legislation.gov.uk/ukpga/1967/44/enacted>)

²² Available at <http://www.nationalarchives.gov.uk/archives-sector/our-archives-sector-role/legislation/approved-places-of-deposit/>

²³ Article 2(1) of Transfer of Functions (Wales) Order 1969 (SI 1969; no. 388)

²⁴ The National Assembly for Wales (Transfer of Functions) Order 1999 (SI 1999; no. 672)

53. The NHS in Scotland was created by the National Health Service (Scotland) Act 1947 and is accountable to the Secretary of State for Scotland. It was devolved to the Scottish Parliament in 1999²⁵.

54. The NHS in Northern Ireland was created by the Health Services Act (Northern Ireland) 1948 and is accountable to The Minister of Health and Local Government of the Parliament of Northern Ireland. The DHSC has had no oversight of the NHS in either Scotland or Northern Ireland since 1948.

v. The DHSC's retention and destruction policies and processes since 1948

55. The DHSC has followed model retention schedules produced by TNA²⁶. Decisions about the disposal of DHSC information have been made by the Policy Officials who created the information and were responsible for the subject area.

56. The 'For the Record' guidance published in 1994 gave officials two options for the further retention of policy files:

- i. To destroy the file after a period of between 2 and 15 years from the date of the last document placed on the file; or
- ii. To review the file 25 years after the date of the first document placed on the file. Any file marked for second review is to be considered for permanent preservation at TNA.

²⁵ A summary of the structure of the NHS in Scotland has been published by the Scottish Parliament Information Centre at http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-100_The_National_Health_Service_in_Scotland.pdf; the introduction (from page 5) explains the key legislation and the actions of the various Scotland Acts.

²⁶ Copies of those available in 2010 are available at <http://webarchive.nationalarchives.gov.uk/20101011090100/http://www.nationalarchives.gov.uk/information-management/guidance/r.htm> and those available on the Public Records Office website in 1999 are available at <http://webarchive.nationalarchives.gov.uk/19990209072338/http://www.pro.gov.uk:80/government/standards/default.htm>

57. Private Offices and Parliamentary Section created their own files for MPs' correspondence and parliamentary questions which used different colours for the file covers to indicate that they were not policy files. Once the correspondence or question was answered, the files should be deposited with the DRO for retention for three years. These files were not registered as part of the File Office. The correspondence function was automated in the late 1990s and paper records for correspondence were no longer created, but the records on those systems were similarly retained for three years.

58. In January 2005, DHSC published a formal retention schedule²⁷ in line with the Code of Practice issued under Section 45 of the Freedom of Information Act 2000. This document brought together all the relevant model retention schedules published by TNA.

59. In 2015, a revised Retention Schedule was published²⁸ which shows that retention is now based on three standard periods. These are: i) standard administrative (up to three years); ii) corporate (up to eight years) and iii) historical (due for Permanence Review at 15 years). This incorporated the reduction to 20 years of the requirement to transfer records under the Public Records Act 1958. The new Schedule and supporting guidance was published on the DHSC intranet. The guidance was only required for information retained outside the SharePoint based records storage (IWS).

60. Where officials use IWS and declare information as a record, the disposal decision has been pre-applied to storage folders. IWS is designed so that retention decisions applied at the site level can be inherited by lower levels within the corporate fileplan (as described in paragraph 27). As an example, the 'Policy, Legislation and Evidence' site has a default retention period of

²⁷ Available at

http://webarchive.nationalarchives.gov.uk/20080817143917/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100944

²⁸ Available at <https://www.gov.uk/government/publications/information-management-policy-retention-and-destruction>

'historical' applied to it, which means that the retention will commence when a folder beneath this site is marked as closed and no further material is expected to be filed there. This gives consistency of retention periods to material that we would expect to be similar in nature, and this is expected to act as a guide to the reviewers on the expected retention period of the information. Lower levels of the fileplan can have different retention periods set and again, subordinate levels will inherit this retention period by default. The ability to change retention periods applied is restricted to a group of users within Sharepoint, of which the DRO team and IWS support team are members.

61. The workflow processes currently implemented within IWS are that folders that have reached the end of their retention period are indicated to the DRO for review. Information stored within team sites are not intended to retain material that needs to be kept for long periods of time. IWS was designed to delete information in these areas 3 years after the last modification date. At present, no automated deletion has taken place and no records have been considered as part of the review process.

Records Management guidance to the NHS

62. The DHSC has previously issued guidance to the NHS following the enactment of the Public Records Acts 1958. This was in the form of health service circulars, in particular HSC(89)20 [WITN0001014], until the guidance was codified in the NHS Code of Practice: Records Management in 2006²⁹. The guidance was updated by the IG Alliance in 2016³⁰.

²⁹ Available at <https://www.gov.uk/government/publications/records-management-nhs-code-of-practice>

³⁰ Available on the NHS Digital website at <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016>

Statement of Truth

I believe that the facts stated in this witness statement are true and confirm I am duly authorised to make this statement on behalf of the DHSC.

Signed:

GRO-C

Dated: 10 October 2018.

Full name: Brendan Sheehy

Position: Departmental Records Officer in the Department of Health and Social Care, Towneley House, Burnley, BB11 1BJ.