

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Records Management – Retention Periods
TYPE OF DOCUMENT	Policy
DOCUMENT NUMBER	SESLHDPD/203
DATE OF PUBLICATION	June 2025
RISK RATING	Low
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Clinical Governance Standard NSW Legislation – <i>State Records Act 1998</i>
REVIEW DATE	June 2030
FORMER REFERENCE(S)	Former Illawarra Area Health Service Policy Records retention – Area Pol-CGOV-10 – October 2004 SESIAHS PD 024
EXECUTIVE SPONSOR	Head, Office of the Chief Executive
AUTHOR	Records Management Coordinator Jocelyn.Bullard@health.nsw.gov.au
POSITION RESPONSIBLE FOR THE DOCUMENT	Manager Executive Services
FUNCTIONAL GROUP(S)	Records Management
KEY TERMS	Records Management; Retention Periods
SUMMARY	<p>To ensure that the specific retention periods of all records produced by South Eastern Sydney Local Health District meet the minimum statutory requirements of the <i>State Records Act 1998</i> (NSW).</p> <p>The scope of the policy directive includes all records (paper based and electronic), including administrative, personnel, accounting and medical records that are to be retained in accordance with this policy and the <i>State Records Act 1998</i>.</p>

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Feedback about this document can be sent to SESLHD-Policy@health.nsw.gov.au

1. POLICY STATEMENT

The objectives of this policy are:

- To ensure that all records throughout South Eastern Sydney Local Health District (SESLHD) are retained for the minimum period as set down by the *State Records Act 1998* (NSW)
- To ensure that uniform retention periods are in place for all corporate and clinical records that are produced across different departments.

The minimum retention periods of specific records are clearly defined in the [State Records NSW General Retention and Disposal Authorities](#).

GA28	Administrative Records
GA45	Original or source records that have been copied
GDA21	Public Health Administrative Records
GDA17	Public Health Services, Patient / Client Records
GA44	Health Services: statewide health services, quality assurance, reporting, education and training
GA31	Commissions of Inquiry and Inquiries established by Letters Patent or Ministerial Directive
GA48	Source records that have been migrated

2. AIMS

To ensure that the specific retention periods of all records produced by SESLHD meet the minimum statutory requirements of the *State Records Act 1998* (NSW).

The scope of this policy includes both corporate and clinical records which are paper or electronic format.

3. TARGET AUDIENCE

All staff of SESLHD who produce records as part of their normal working environment must be familiar with the relevant retention periods for such records.

4. RESPONSIBILITIES

Responsibility for the appropriate retention of records rests with the Director or General Manager of the particular department or area in which the records are produced.

5. DEFINITIONS

Records: Recorded information, in any form, including data in computer systems, created or received and maintained by an organisation or person in the transaction of business or the conduct of affairs and kept as evidence of such activity.

Retention periods: Specify how long records should be kept by the organisation, either in the office or in offsite storage, before disposing of them. The retention periods specified in this schedule are suggested minimum retention periods only except if otherwise noted. Where the retention period is based on a statutory or mandatory requirement the records must be kept for that period.

Disposal: A range of processes associated with implementing appraisal decisions, these include the retention, deletion or destruction of records in or from recordkeeping systems.

6. REFERENCES

- [National Safety and Quality Health Service Standards – Clinical Governance Standard](#)
- [State Records Act 1998 \(NSW\)](#)
- [State Records NSW General Retention and Disposal Authorities](#)
- [Privacy and Personal Information Protection Act 1998 \(NSW\)](#)
- [NSW Health Corporate Governance and Accountability Compendium Section 4.1.5 State Records Act](#)
- [NSW Health Policy Directive PD2012_069 - Health Care Records - Documentation and Management](#)

7. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
November 2002	0	Tracy Morgan(Medical Records Manager) & George Gray (IPath Quality Manager)
October 2004	1	Re-formatted with minor changes approved by Area Records Officer and re-issued by Manager, Systems Integration.
September 2005	2	Minor changes made by Records Manager, Executive Support Unit following feedback from consultation with stakeholders Approved by the Area Executive Committee 27 Sept 2005
February 2008	3	Minor changes made by Records Manager, Executive Support Unit. Links to NSW State Records Act General Disposal Authority updated
February 2011	4	Minor changes made by Records Manager, Executive Support Unit Formatting changes due to change to Local Health Network
September 2012	5	Formatting changes due to change to Local Health District
October 2012	5	Approved by DET
November 2012	6	Minor changes made by Manager Executive Services in consultation with Chief Executive.
July 2016	7	Minor changes made by Records Coordinator to update references and hyperlinks

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July 2016	7	Updates endorsed by Executive Sponsor
May 2020	8	Minor changes made by Records Coordinator to update references and hyperlinks
May 2020	8	Endorsed by Executive Sponsor Processed by Executive Services prior to publishing
18 December 2023	8.1	Minor updates to include Director Digital Health (CIO) as Senior Responsible Officer for records management and update broken hyperlinks and removal of superseded GDA references.
20 June 2025	8.2	Minor review by Jocelyn Bullard: updates to include Head, Office of the Chief Executive as Senior Responsible Officer for records management and update broken hyperlinks and removal of obsolete MoH policy directive PD2009_057. Approved by Executive Sponsor.