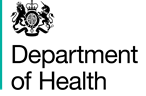
**Withdrawn: Form for registering contact details with the Department of Health Records Office**

This form was withdrawn in July 2024. The form was for organisations that no longer exist.



Legacy records management

Form for registering contact details with the Department of Health Records Office

July 2015

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| **Title:**  Legacy Records Management: Department of Health Records Office:- Form for registering contact details with the Department of Health Records Office |
| **Author:**  Departmental Records Office  Estates and Information Services  Records Management and Directory Services |
| **Document Purpose:**  Guidance for users |
| **Publication Date:**  July 2015 |
| **Target Audience:**  Managers and financial departments responsible for records management compliance and any colleagues within records management for organisations that have inherited Legacy records from former Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) abolished in 2013. Contains context for colleagues and organisations with an interest in records management for the named abolished organisations. |
| **Contact details:**  Departmental Records Office  Towneley House  Kingsway  BURNLEY  BB11 1BJ  (01282) 471660  [drolegacyteam@dh.gsi.gov.uk](mailto:drolegacyteam@dh.gsi.gov.uk) |

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[www.gov.uk/dh](http://www.gov.uk/dh)

Legacy records management

Form for registering contact details with the Department of Health Records Office

Prepared by the Department of Health, Departmental Records Office, Estates and Information Services, Towneley House, Burnley, Lancashire, BB11 1BJ

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| **Accompanying documents:**  Services provided by the Department of Health Records Office – published July 2015  Department of Health Records Office: Governance and Service Delivery – published July 2015 |

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The Departmental Records Office (DRO) and Legacy Records

Introduction

The Department of Health’s Departmental Records Office (DRO) provides records management services from our site in Burnley, Lancashire. Our services are primarily aimed at the Department of Health, but extend to a number of Arm’s Length Bodies (ALBs) who are reliant on us to provide records management services.

Our aim is to ensure that the owners of records comply with their records management obligations and data protection legislation. We do this by providing a range of services to records owners, which are delivered by the team and/or third party contractors. We have extensive expertise in all areas of records management and are happy to provide advice and guidance on a wide range of policy and service delivery topics.

Background

In 2013, the Secretary of State for Health agreed to take responsibility for operational management of Legacy records that were owned by the former Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs). This management has been transferred to; and completed by the DRO.

*What are Legacy Records?*

*When all the PCTs and SHAs closed, their records needed to be transferred. Examples include patient records for health visitors, deeds of properties or financial records. In most cases the records are owned by a new organisation, but they are stored in a contract that was inherited by the Department of Health. The challenge for the DRO is to make sure that the right people have the records they need, and that they take responsibility for them.*

Accompanying Documents

Further information relating to services provided by DRO, governance and service delivery and frequently asked questions can be found in the accompanying documents listed on the title page.

Form for registering contact details with the DRO: Instruction

This document includes a form that requires you to complete key information and then return it to us on behalf of your organisation. The information you need to provide is essential to help ensure that records are allocated to the correct organisation. If you have previously completed the ‘Annex A’ that was issued by the Legacy Records Transfer project, please also complete and return this new form so our office is aware of any updated details.

Form for registering contact details with the Department of Health Records Office

(Previously distributed as ‘Annex A’)

This form is to capture and document key information about your organisation and who we work with, and can who we contact on Legacy records management issues. It should be completed and returned to [drolegacyteam@dh.gsi.gov.uk](mailto:drolegacyteam@dh.gsi.gov.uk) .

|  |  |
| --- | --- |
| **Organisation Name** |  |

**Key Contacts**

The key contact is considered to be the authority for the collection of records held for you; and are responsible for approving access to services delivered on those records as a data controller.

|  |  |
| --- | --- |
| **Lead Contact Name** |  |
| Job Title |  |
| Address |  |
| Town / City |  |
| Postcode |  |
| Telephone Number |  |
| E-mail Address |  |

You may also nominate a deputy

|  |  |
| --- | --- |
| **Deputy Contact Name** |  |
| Job Title |  |
| Address |  |
| Town / City |  |
| Postcode |  |
| Telephone Number |  |
| E-mail Address |  |

**Access and Requests**

You should list authorised users and their email addresses below. Please indicate in the relevant columns what actions the individual is permitted to do. Lead Contacts are assumed to have all these permissions.

**Retrieve/Recall:** May request whether an item is in storage and then have items returned from store to an address listed in the next section

**Manage:** Are permitted to permanently remove items from store, make amendments to information on the inventory (including destruction dates)

**Destroy:** Can request and approve the secure destruction of items on the inventory

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Email** | **Permissions Required** | | |
| **Retrieve/Recall** | **Manage** | **Destroy** |
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**Permitted Delivery Address**

If you are content that items can be delivered to any UK address specified by an individual with retrieve/recall rights, please leave this section blank. If items are only permitted to be delivered to specific addresses, please list them below.

Repeat this table if additional addresses are required

|  |  |
| --- | --- |
| Address |  |
| Town / City |  |
| Postcode |  |
| Permitted Delivery Times |  |
| Any Access Constraints?  *(e.g.: no vehicles higher than 6’2”)* |  |

**Invoices**

Please provide details of where invoices should be presented for payment

|  |  |
| --- | --- |
| Invoicing Contact Name  *(Accounts Payable is acceptable if not a named individual)* |  |
| Address |  |
| Town / City |  |
| Postcode |  |
| Telephone Number |  |
| E-mail Address |  |

**Form of invoicing**

|  |  |
| --- | --- |
| Do you prefer to receive invoices by email? |  |
| Do you require us to quote a purchase order number or other reference? |  |
| If so, can you supply the reference now? |  |
| Do you require a Memorandum of Understanding (MoU) to be signed by both parties before you can raise a purchase order? |  |