Safeguarding Patient Records held Separately from Medical Records Libraries and in Transit Policy

This procedural document supersedes: Policy for Safeguarding Patient Records Held Separately from Medical Records Libraries and in Transit - CORP/REC 2 v.6

This policy should be used in conjunction with:

- **CORP/REC 1 – Order of Filing in Hospital Casenotes Policy**
- **CORP/REC 3 - Processing Requests for Access to Health Records Procedure**
- **CORP/REC 5 - Clinical Records Policy**
- **CORP/ICT 7 - Data Protection policy**
- **CORP/ICT 8 - Safe Haven Guidelines**
- **CORP/ICT 10 - Confidentiality Code of Conduct**

Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	David Purdue, Chief Nurse, Deputy Chief Executive
Name of author	Judy Lane
Date revised	June 2021
Approved by (Committee/Group)	Clinical Records Committee
Ratified by	Policy Approval and Compliance Group
Date Ratified	26 August 2021
Date issued	14 September 2021
Next review date	June 2024
Target audience:	Trust-wide

Amendment Form

Brief details of the changes made:

Version	Date Issued	Brief Summary of Changes	Author
Version 7	14 Sept 2021	• No fundamental changes	Judy Lane
Version 6	17 April 2018	• PAS tracker system replaced with Radio Frequency Identification (RFID) system	Judy Lane
Version 5	23 February 2015	• Updated into new Trust format • Appendix A updated to a PDF link • Equality Impact Assessment Form added at Appendix C • Introduction section, last paragraph- replace responsible clinician to read responsible staff member • Section 7 – added last sentence to paragraph 1- Casenotes must be in a secure plain envelope, or a sealed tote box and be clearly addressed. • Reduction from 20 to 10 sets of casenotes per week for the spot check audit.	Julie Robinson
Version 4	December 2011	• Content page • Introduction • Mandatory training requirements • Monitoring compliance and effectiveness • Addition of Appendix A - Casenote Audit form and Appendix B – Casenote Return Labels • Other minor changes throughout	Christine Coates
Version 3	January 2009	• Introduction - Additional guidance • Responsibilities - Cross referenced to other Trust Policies • Medical Records Libraries Patient Records held Separately from Medical Records Libraries - Additional guidance	Christine Coates/ Clinical Records Sub-committee

Version 2	Nov 2006	• Section 4 has been amended to clarify the use of pouches or envelopes to transit case notes. • Additional guidance for transfer of patient records between Trust sites and other hospitals, contained under section 7	Christine Coates/ June Hines

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1 INTRODUCTION

This policy clarifies responsibility for safeguarding patient records held separately from medical records libraries and whilst in transit.

This policy relates to any patient health record containing information which has been created or gathered as a result of any work of an NHS employee.

The purpose of this policy is to ensure the safety and confidentiality of patient records while they remain outside of Medical Records libraries or in transit.

In cross trust networking situations, Trust casenotes may be necessary on a non trust site. Before removing casenotes from the Trust, the responsible staff member must ensure that they have been tracked to the receiving hospital. The casenotes must be tracked to an identified person who will accept responsibility for locating, retrieving and returning the casenotes, if they are required. A contact telephone number must be recorded.

Please seek advice from Medical Records on releasing casenotes outside of the Trust.

2 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 2).

3 DUTIES AND RESPONSIBILITIES

All staff who handle patient records should also be familiar with the Trust’s Data Protection policy (Ref: **CORP/ICT 7**), Safe Haven Guidelines (Ref: **CORP/ICT 8**), Confidentiality Code of Conduct (Ref: **CORP/ICT 10**) and Clinical Records Policy (Ref: **CORP/REC 5**).

4 PATIENT RECORDS HELD SEPARATELY FROM MEDICAL RECORDS LIBRARIES

- All patient records held outside of the medical records libraries, must be tracked, secure and accessible.
- When any office or department is left unattended, doors and windows must be locked, unauthorised persons should not have access to the patient records.
- Only patient records required for current use should be retained within an area.

5 PATIENT RECORDS IN TRANSIT

- Patient records returned to medical records libraries must be tracked on the iFIT system to the relevant in transit code, by the person returning the records.

  <u>In Transit Codes</u>
  BFILE - In transit to file - Bassetlaw medical records department
  DGFILE - In transit to file - DRI General records department
  DOFILE - In transit to file - DRI Orthopaedic/Fracture records department
  DAFILE - In transit to file - DRI Antenatal records department
  PFILE - In transit to file - DRI Maternity records department (Post Natal records)
  MFILE - In transit to file - Montagu records department

- Medical records library will file casenotes using location based filing into the receiving library this action tracks the casenotes into a location.
- Individual patient records transferring between wards and departments and between hospital sites must be transferred via the following methods

    - Sealed transit bag
    - Sealed plain brown envelope

  and must be clearly marked with the intended destination. Internal transit envelopes <u>must not</u> be used for transferring patient records.

- Larger quantities of patient records (e.g. destined for outpatient clinics) must be transferred in trollies or tote boxes. Each box must have a lid attached, fastened with a security tag; boxes must not be overfilled so that the lid will not fasten. Each box must have the destination clearly marked. When transferring casenotes in trollies all any patient details should be hidden from view by turning the top layer of notes over to prevent any details being seen.
- Transit boxes and envelopes containing patient records must not be left unattended in public areas.

- Patient records that are transferred around Trust hospitals or between Trust sites, by the Service Department or by hospital transport, must conform to the guidelines below.
  - all boxes must have a secured lid and the destination clearly marked
  - the doors of all transport used for the transfer of patient records must be secure whilst carrying boxes
  - patient records must spend the minimum amount of time in transport and should be delivered to their intended destination at the earliest opportunity.
  - patient records must never be left on hospital transport overnight.
- Patient records travelling by passenger shuttle must also clearly addressed and travel in a secure plain envelope or sealed tote box. The records must be hand delivered to the driver and collected from the driver by the recipient on arrival.
- Only patient records that are needed for outreach or satellite clinics should be taken to off site destinations
- Copied or original records required by other hospitals, solicitors, patients etc, must be sent in a secure manner. Staff must be aware of the Processing Requests for Access to Health Records Procedure (**CORP/REC 3**).
- Copied records despatched through the external postal system must be clearly addressed, double wrapped for added security and sent by registered post.
- Notes that are required urgently may, in extreme circumstances, be sent via taxi or a responsible staff member's own transport, this requires the staff member to have business insurance on their car insurance policy and they must track all casenotes to the required destination and inform the recipient that they are transporting the casenotes and an expected time of arrival and the route that they are taking.

6 PATIENT RECORDS REQUIRED BY HOSPITALS OUTSIDE THIS TRUST

Original patient records should not normally leave the Trust.

Where practical, copy records will usually be released but in the event of an emergency transfer the original records should accompany the patient and the transfer recorded on the iFIT System. For non PAS users the medical records departments have a 24 hour bleep service (Bleep 1850). The casenotes must be placed in a sealed plain brown envelope and handed to the team transferring the patient.

There is a tracker booking code 'OHOS' (other hospital other site) which should be used if the specific hospital tracking code is not known. The name of the receiving hospital must be recorded in the transfer comment field and, if known, the ward and consultant's name. A 'Return To' slip must be attached to the outside cover of the casenote folder (see Appendix 1).

7 RECORDS ACCOMPANYING PATIENTS TO HOSPITAL SITES WITHIN THE TRUST

Records for patients transferring between wards on any hospital site within the Trust must always accompany the patient, and be tracked to the next destination. Casenotes must be in a secure plain envelope, or a sealed tote box and be clearly addressed.

Healthcare staff must ensure that the clinical record, or a copy, always accompanies a patient who needs to transfer between hospitals within or outside this Trust.

8 MONITORING COMPLIANCE AND EFFECTIVENESS

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Casenotes that are held outside of medical record libraries are secure and accessible	Medical Records	Ongoing Weekly tracking audit	Medical Records management team will address areas of concern with responsible individual. Exceptions will be recorded and monitored through Datix

9 EDUCATION AND TRAINING

Members of staff who handle casenotes must follow this policy.

The training requirements of staff will be identified through a training needs analysis. Role specific education will be determined by the Service Lead.

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- CORP/REC 1 - Order of Filing in Hospital Casenotes Policy
- CORP/REC 3 - Processing Requests for Access to Health Records Procedure
- CORP/REC 5 - Clinical Records Policy
- CORP/ICT 7 - Data Protection Policy
- CORP/ICT 8 - Safe Haven Guidelines
- CORP/ICT 10 - Confidentiality Code of Conduct
- CORP/EMP 4 – Fair Treatment for All Policy
- CORP/EMP 27 – Equality Analysis Policy

11 DATA PROTECTION GDPR

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

12 DEFINITIONS

Staff – all Trust Staff including Volunteers.

APPENDIX 1 - CASENOTE RETURN LABELS

PLEASE RETURN AS SOON AS POSSIBLE

To: Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
Medical Records Department
Doncaster Royal infirmary
Armthorpe Road
Doncaster
South Yorkshire
DN2 5LT

Tel: (01302 366666)

For the Attention of: ______________________________

APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division/Executive Directorate & Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Safeguarding Patient Records held Separately from Medical Records Libraries and in Transit Policy – CORP/REC 2 v.6	Performance	Judy Lane	Existing policy	09.06.2021

1) **Who is responsible for this policy?** Performance

2) **Describe the purpose of the service / function / policy / project/ strategy?** To provide guidance on safeguarding patient casenotes

3) **Are there any associated objectives?** Records Management Code Of Practice

4) **What factors contribute or detract from achieving intended outcomes?** Non-compliance

5) **Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?** No

- **If yes, please describe current or planned activities to address the impact**

6) **Is there any scope for new measures which would promote equality**? No

7) **Are any of the following groups adversely affected by the policy?** No

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) **Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box**

Outcome 1 √	**Outcome 2**	**Outcome 3**	**Outcome 4**

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: June 2024

Checked by: Karen McAlpine Date: 09.06.2021