Pennine Care **NHS**
NHS Foundation Trust

Policy Document Control Page

Title:
Missing Paper Records Procedure

Version: 6

Reference Number: CO28

Keywords:
Records, case notes, missing, lost, records log, tracer card, mental health, community, missing record procedure, unavailable, contaminated

Supersedes: Version 5
Description of Amendment(s):
- **Updated for electronic systems that track paper records**
- **Duty of Candour definition included**
- **Definition of Personal Confidential Data (PCD) from Caldicott 2 Information Governance Review**
- **Definitions of cause codes included**
- **Updated flowchart for staff to use when a record is unavailable**

Important Notice
From May 2018 the UK will be adopting the European General Data Protection Regulations. These regulations will be replacing the Data Protection Act 1998. In the UK we are still awaiting some health sector specific guidance and instruction regarding GDPR, and as such have deemed that, unless there is a legal requirement or a fundamental change that is required in a policy, all policies, regardless of review date, shall remain current, valid and must be followed for the foreseeable future, to be reviewed prior to the implementation of GDPR from May 2018. Any queries in relation to this statement should be directed to the Trust Information Governance Manager.

Originator
Originated By: Carole McCarthy
Designation: Records Manager

Equality Analysis Assessment (EAA) Process
Equality Relevance Assessment Undertaken by: Carole McCarthy
ERA undertaken on: 10th August 2016
ERA approved by EIA Work group on: 9th December 2016

Where policy deemed relevant to equality-
EIA undertaken by
EIA undertaken on
EIA approved by EIA work group on

Approval and Ratification

Referred for approval by: Carole McCarthy

Date of Referral: 21ˢᵗ October 2016

Approved by: Information Governance Assurance Group

Approval Date: 21ˢᵗ October 2016

Date Ratified by Executive Directors : 19ᵗʰ December 2016

Executive Director Lead: Medical Director

Circulation

Issue Date: 12ᵗʰ January 2017

Circulated by: Performance and Information

Issued to: An e-copy of this policy is sent to all wards and departments

Policy to be uploaded to the Trust's External Website?   YES

Review

Review Date: 19ᵗʰ December 2018

Responsibility of: Carole McCarthy

Designation: Records Manager

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 12ᵗʰ January 2017

INTRODUCTION

Unavailable, missing or lost records are a serious risk to the Trust as they may contain personal confidential data). It is therefore vital that tracing procedures are undertaken at all times.

2. AIM OF PROCEDURE

The missing paper records procedure should be read in conjunction with the wider Records Management Policy (CO20) and the service specific protocols: Business and Corporate Records Management (CO97); Protocol for the Management of Community Services Health Records (CO99); and Protocol for the Management of Mental Health and Specialist Services Health Records(CO93). The aim is to provide supporting information and further details regarding the processes for dealing with unavailable / missing paper records so that it:

- Provides a consistent approach to searching and reporting missing paper records;
- Allows for advice or guidance to be given in relation to specific cases;
- Ensures that a standard approach is adhered to;
- We benefit from lessons learnt

3. SCOPE

This procedure is only applicable to those services which still generate, use or refer to *paper* records.

This procedure applies to all clinical and corporate areas of the Trust and should be used when a paper record is unavailable when it is required for use either clinically or for administration purposes. This includes health records, personnel files, legal documents, complaints files, finance, research & audit, governance and administrative records which contain personal confidential data (PCD) (see section 7 for explanation of term).

4. DEFINITIONS

Records Unavailable (Cause Code 143)

A record is defined as unavailable if it is in use elsewhere and / or cannot be retrieved in time for an appointment, admission, complaint, incident, investigation, disciplinary etc.

Reasons for records being unavailable may include:

- record needed for another appointment/ admission
- record with another team/ department/ clinician
- wrong record /volume sent from other department
- staff unable to retrieve record from storage
- Unable to identify the correct patient e.g. patient using an alias

Records theft or loss (86)

A record is defined as missing if after all reasonable searches have been undertaken the unavailable record cannot be found.

Reasons for records being missing / lost may include:

- Records not being tracked appropriately
- No tracking mechanism in place
- Records misfiled
- Records stolen
- Records inadvertently destroyed
- Records contaminated
- Records lost in the transit/post

Lost records

When a set of paper records has been missing for 6 months, it is reasonable to assume that the original set of paper records has been lost.

Handheld records loss (87)

A patient held record which is retained in the home/ nursing home for the provision of care should be returned to the Trust upon the termination of treatment. (Please refer to the Protocol for the Management of Community Services Health Records (CO99)). Clients should be advised of the purpose and importance of the record and their responsibility for keeping it safe. Clients should be advised that the record will be retrieved when the health / social need has been addressed. If the patient/ carer / relative disposes or loses the record then the loss should be recorded under Handheld Records Loss, cause code 87 on the incident reporting system.

5. TRACKING PAPER RECORDS

All health / staff record movements must be tracked. If paper health records are tracked electronically, such as hospital records in mental health services or child health records in community services, then this must be used to record the location of the health paper record. Individual departments/services will use an auditable tracking log to indicate the location of the paper health record if it is moved for any reason. All records should be tracked as per the Records Management Policy (CO20) either electronically or manually. A booking in/out system can be used or tracer cards can be used (for template see Appendix 1).

6. PROCESS TO FOLLOW WHEN A PAPER RECORD IS IDENTIFIED AS UNAVAILABLE, MISSING OR LOST

The Missing Paper Record Procedure has been developed to support effective records tracking systems to comply with the Records Management Policy and support processes to ensure that records are made available to staff when required.

The procedures and processes should facilitate the availability of the complete record at all times when required.

The guidance for staff flowchart to use when a record is unavailable can be found in Appendix 3.

When a record is unavailable the following steps should be undertaken:

Step 1: The member of staff should conduct all reasonable searches including checking other filing areas/ libraries where the records may be located. Checking tracking systems to see if the record has been sent to another department, checking with colleagues and in the case of a health record with clinicians/ medical staff/ wards and archives.

Step 2: The member of staff should report this to his/her supervisor/ line manager as soon as possible after the completion of Step 1, and before the service user is due to attend or record is required.

Step 3: The supervisor / line manager should ensure that a thorough search is undertaken, using tracking and service contact history, (for example, check PLUS or PARIS if applicable) including initiating a search at the base where the record should be kept.

Step 4: An electronic incident form (SAFEGUARD) must also be completed at this stage as per the Incident Reporting, Management and Investigation Policy (CO10). If the records are located or known to be in a elsewhere but not available at the time they are needed record against Records Unavailable, cause code 143, (see definition in Section 4). If the records are deemed missing at the time they are required then record against Records Theft or Loss, cause code 86, (see definition in Section 4).The Duty of Candour is now applicable to these incidents and the relevant section of the incident form should be completed (please see Section 7) whether it's a clinical or personnel record.

Step 5: On receipt of an incident form relating to missing/lost/stolen records, the Records Manager will issue a Missing Record Log (Appendix 2) to the author of the incident or service to which the incident belongs.

However, at this stage the Records Managers or Information Governance Manager may instigate the need to complete an Investigation Report (IR) depending on the circumstances of the loss

e.g. a number of paper records are identified as missing or a complaint to the Information Commissioner (ICO) or litigation case may occur. The IR will include the relevant recommendations and actions and be reviewed by the Divisional Business Units (DBU's).

Step 6: The Information Governance Manager grades the incident according to the checklist guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation (SIRI). If the incident level is graded a 2 or above then the incident will be reported to the ICO and Department of Health automatically via the IG Incident Reporting Tool and an investigation ensues.

If the incidents are reported to the ICO as above then the Information Governance Manager will also notify the Caldicott Guardian, SIRO, Service Director and Governance Lead.

Step 7: A temporary record may need to be made up at this stage including all the relevant information available (from electronic systems, GP, previous volumes etc).

Step 8: The missing paper record or volume should be highlighted as missing (adding a comment to this effect on electronic tracking systems or tracer cards noting the date it was unavailable). Volume 2 will be created on the electronic system with a comment to say this is a temporary record. Alternatively if the service has gone 'live' with an electronic patient system the new record will be created electronically and reference will be made to the paper record being missing. The missing records log and the electronic tracking system should be updated to reflect this change.

Step 9: Staff should continue to search for the record over the next 6 months. If not found after 6 months the record is deemed 'lost' and recorded on the missing records summary as lost by the records manager.

Step 10: The records management service will be keep a log of all missing records and monitor services compliance with this procedure and ; identify any actions to be undertaken. The Records Manager will report any issues or trends to the Information Governance Assurance Group (IGAG).

Step 11: The Divisional Business Units (DBU's) are responsible for implementing any action plans arising from non compliance to the Records Management Policy in respect of missing or lost paper records.

Found Paper Records

When the original paper record is located the following procedure should be followed:

Step 1: Complete the missing paper record log to indicate that the original paper records have been located and forward to the records manager.

Step 2: For health paper records inform the lead clinician. If the service user / carer had been previously informed that the paper records were missing the lead clinician will need to inform the service user / carer / relevant person that the paper records had been found. Inform the staff member if they were personnel records.

Step 3: Merge the paper temporary folder with the original set of paper records.

Step 4: If the original paper records are found, please update the electronic tracking system or tracer card.

Step 5: The Records Manager will inform the Risk Department to update the incident and also update the missing records log summary.

7. EXPLANATION OF TERMS

7.1 What is Personal Confidential Data (PCD)

This is a term used in the **Caldicott Information Governance Review**[1] and describes personal information about identified or identifiable individuals, which should be kept private or secret and includes dead as well as living people.

The review interpreted 'personal' as including the Data Protection Act definition of personal data, but included data relating to the deceased as well as living people, and 'confidential' includes both information 'given in confidence' and 'that which is owed a duty of confidence' and is adapted to include 'sensitive' as defined in the Data Protection Act.

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[1]

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

Examples of identifiable data are:

- Name
- Address
- Postcode
- Date of Birth
- NHS Number

What is Personal Data?

As per the Data Protection Act 1998, and defined by the ICO:

Personal data means data which relate to a living individual who can be identified:

(a) from those data, or

(b) from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller, and includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual.

What is Sensitive Personal Data?

Sensitive personal data is different from Personal Data. Sensitive personal data means personal data consisting of information as to:

(a) the racial or ethnic origin of the data subject,

(b) their political opinions,

(c) their religious beliefs or other beliefs of a similar nature,

(d) whether a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992),

(e) their physical or mental health or condition,

(f) their sexual life,

(g) the commission or alleged commission of any offence, or

(h) any proceedings for any offence committed or alleged to have been committed, the disposal of such proceedings or the sentence of any court in such proceedings.

7.2 Duty of Candour

The Duty of Candour is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

Duty of Candour aims to help patients receive accurate, truthful information from health providers.

Saying sorry is not an admission of legal liability; it is the right thing to do*.*

All NHS provider bodies registered with the Care Quality Commission (CQC) have to comply with a new statutory Duty of Candour.

As soon as reasonably practicable (usually within 10 working days), a representative must notify the relevant person that the missing paper records incident has occurred. Patients and their families should receive clear, unambiguous information either verbally or in written format. Include an account of what is known already, further enquiries to be undertaken, and an apology. The response should be recorded and kept securely in the temporary notes or recorded electronically, whichever is appropriate.

Where the patient, lacks mental capacity or is under 16, and is not deemed to have capacity to make treatment decisions, the notification must be given to a "relevant person", who can be anyone lawfully entitled to act on their behalf.

Patients with mental health issues

▪ Follow service procedures unless patient also has cognitive impairment or you are advised to withhold incident information by the lead clinician. Discuss with the lead clinician the reasons why the information is withheld and document this.

▪ Do not discuss incident information with a carer/relative without the express permission of patient (unless in exceptional circumstances).

Patients with cognitive impairment:

▪ Involve patients with cognitive impairment directly in communications about the incident, making an advocate available to assist in the communication process.
▪ Where patients have an authorised person to act on their behalf by lasting power of attorney, ensure this extends to decision making and the medical care and treatment of the patient. Hold discussions with the holder of power of attorney.
▪ If there is no such person, clinicians should act in the patients best interests. They should decide who the appropriate person is with whom to discuss the

missing records incident. Discussion should take regard of patient's welfare as a whole.

Patients with learning disabilities:

▪ If a patient has difficulty expressing their opinion verbally, assess whether they are also cognitively impaired.

▪ If they are not cognitively impaired, provide alternative communication methods (e.g. written questions) and agree with them appointment of an advocate.

▪ Ensure the patients views are considered and discussed.

▪ Involve patients with cognitive impairment directly in communications about the incident, making an advocate available to assist in the communication process.

8.   Review

8.1   This procedure will be reviewed by the Records Manager every two years (or sooner if new legislation, codes of practice or national standards are to be introduced).

8.2   Any revisions of this policy will be approved by the Information Governance Assurance Group (IGAG) and will be ratified by the Executive Directors.

Appendix 1

Pennine Care NHS
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<u>Tracer card</u>
<u>(Use for health or personnel paper records)</u>

Surname:		Forename:		Date of birth:		NHS or Employee Number:	
Taken by (name and contact no.)	Destination	Date out	Date returned	Taken by (name and contact no.)	Destination	Date out	Date returned

Appendix 2

MISSING PAPER RECORDS LOG

Completed by			DATE		DEPT / SERVICE		INCIDENT NUMBER:	
Date missing	Service user or staff name	NHS Number or Employee Number	Last trace and date	Temp record set-up (Y/N)	Reason why not available (i.e. lost, with another service, etc)	Detail of searches, investigation, action taken	Service user/ employee informed Yes /No	Date found / record merged

Return to: Records Manager: carole.mccarthy1@nhs.net for all services excluding Trafford, for Trafford return to Tomwalker@nhs.net

Flowchart for staff to use when a record is unavailable

Unable to locate paper records for delivery of care or business use

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Inform Manager

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Undertake thorough search

→ **Records located but unavailable at the time they were needed**

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Complete online incident form. Record against code 143 – Records unavailable

← **Records found No further action required**

↓

Records not found

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Complete online incident form. Record against code 86 – Records Theft or Loss

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Complete the missing paper records log and send it to the Records Manager

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Duty of candour applies Inform patient or nominated person or member of staff if it's a personnel file within 10 working days

↓

Make up a temporary health paper record / personnel record

↓

Continue searching on a monthly basis as appropriate for a minimum period of six months

← **Records found**

↓

Merge temporary folder with original set of paper notes

↓

Update missing paper records log & return it to the Records Manager

↓

If appropriate update electronic tracking system No further action required

↓

If appropriate inform patient or relevant person

→ **Records still not found**

↓

If a temporary file is made up, record electronically if appropriate

↓

After 6 months if the record has not been found it is now considered 'lost'

↓

Update the missing paper records log and return it to the Records Manager