



**Public – To be published on the Trust external website**

# Records management – missing and found records

## Ref CORP-0026-008-v1.1

Status: Approved

Document type: Procedure

Overarching Policy: [Records Management Policy](#)

## Contents

<b>1</b>	<b>Introduction .....</b>	<b>3</b>
<b>2</b>	<b>Purpose.....</b>	<b>3</b>
<b>3</b>	<b>Who this procedure applies to .....</b>	<b>3</b>
<b>4</b>	<b>Related documents .....</b>	<b>3</b>
<b>5</b>	<b>Reporting and investigating a missing patient or staff record .....</b>	<b>4</b>
<b>6</b>	<b>When records are found .....</b>	<b>5</b>
<b>7</b>	<b>Definitions.....</b>	<b>6</b>
<b>8</b>	<b>How this procedure will be implemented.....</b>	<b>6</b>
8.1	Implementation action plan .....	6
8.2	Training needs analysis .....	6
<b>9</b>	<b>How the implementation of this procedure will be monitored .....</b>	<b>7</b>
<b>10</b>	<b>References .....</b>	<b>7</b>
<b>11</b>	<b>Document control (external) .....</b>	<b>7</b>
Appendix 1 - Equality Impact Assessment Screening Form.....		9
Appendix 2 – Approval checklist.....		12
Appendix 3 – Logging a Missing Record on inPhase .....		14

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## 1 Introduction

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Persistent unavailability of care records leads to gaps in clinical knowledge and also means that the Trust becomes vulnerable to not being able to respond to patients who wish to see records that are held about them.

Staff records must be treated with the same level of protection as patient records.

The Trust needs to be able to evidence that it knows where all of its records reside and, where it does not, that it has a process in place to ensure their effective retrieval.

This procedure enables the Trust to demonstrate its commitment to complying with the Data Protection Act 2018 and UK GDPR.

This procedure supports [Our Journey To Change \(OJTC\)](#) as set out in the Records Management Policy.

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## 2 Purpose

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Following this procedure will help the Trust to:

- Ensure the availability of records required for all patient care.
- Ensure that any records that cannot be found are reported and investigated.
- Comply with the Data Protection Act 2018 and UK GDPR.

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## 3 Who this procedure applies to

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- All Staff

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## 4 Related documents

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This procedure describes what you need to do to implement the Missing Records section of the [Records Management Policy](#).



The [Records Management Policy](#) defines how the NHSE Records Management Code of Practice is implemented within the Trust and which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- [Information Governance Policy](#)

## 5 Reporting and investigating a missing patient or staff record

Step	Who	Task
1	Staff Member	<ul style="list-style-type: none"> <li>Identifies a paper patient/staff record is missing either:</li> <li>In transit from one location to another within or outwith the Trust</li> <li>Within a Trust location</li> <li>At secondary storage (Restore, Magnum, InBond)</li> </ul>
2	Staff Member	Inform Line Manager of missing record
3	Staff Member and/or Team Colleagues	<ul style="list-style-type: none"> <li>Carry out a thorough search of all areas occupied and used by the team including all desk drawers, cupboards and storage areas that would not routinely be used for storing records.</li> <li>For files missing in transit, contact the intended recipient to check that the record has not been delivered but is misplaced at its destination or postal hub. Contact any other Trust sites along its transportation route for searches to be undertaken in case it has been incorrectly delivered elsewhere.</li> <li>This search must not delay the incident being reported on InPhase.</li> </ul>
4	Staff Member or Line Manager	<p>Report the missing record immediately (and in any event within 24 hours) via InPhase (see <a href="#">Appendix 3</a>) recording:</p> <ul style="list-style-type: none"> <li>The name of the patient/staff member</li> <li>Patient ID. NHS number may also be recorded in the additional details section</li> <li>A brief description of the file's last known movements</li> <li>A physical description of the file (e.g. green wallet from Liaison at UHND)</li> <li>Any file barcode number associated with that record</li> </ul>
5	Information Investigations Officer (IIO)	<p>For files missing in transit, request confirmation of how it was sent:</p> <ul style="list-style-type: none"> <li>Exactly how it was addressed</li> <li>Internal vs external post</li> <li>Date of sending from their tracking and tracing log</li> <li>If an acknowledgement form was used and returned to sender</li> <li>Use of a yellow transit label</li> <li>Use of a return address</li> <li>If external mail was used, then identify the tracking number</li> <li>The route the post usually takes from sender to recipient e.g. does it go via Flatts Lane Centre or postal hubs?</li> </ul>

6	IIO	For files missing in transit, contact the intended recipient to check that the record has not been delivered but is misplaced at its destination or postal hub
7	IIO	Contact any other Trust sites along its transportation route for searches to be undertaken in case it has been incorrectly delivered elsewhere
8	IIO	Check the medical records archive lists for an audit trail for the file
9	IIO	Request medical records to check the Restore portal for the audit trail of the record
10	Medical Records Staff	If lost externally (storage company), retrieve boxes sent for archiving at the same time as the missing file and check for misfiling.
11	IIO	If lost internally, check current patient shelves within Records Store for misfiling.
12	Staff member	If the record has been missing for 6 months it is reasonable to assume that the original records are not going to become available unless found by chance. Create a duplicate set of records from the temporary set and print the word REPLACEMENT in large, black capital letters on the front of the folder.

## 6 When records are found

Step	Who	Task
1	Staff Member	Inform Line Manager
2	Staff Member or Line Manager	Update InPhase
3	Line Manager	Makes arrangements for the original and replacement records to be merged, disposing of any duplicated documents in the confidential waste.
4	Line Manager	Notify Medical Records ensure merged files are permed out of Restore storage records and audit trails maintained
5	Information Investigations Officer	Update investigation log and also the original InPhase incident report; these are not closed until the record is found or there is proof that it has been destroyed / amalgamated.

## 7 Definitions

Term	Definition
UK GDPR	<ul style="list-style-type: none"> <li>the UK GDPR” means Regulation (EU) 2016/679 of the European Parliament and of the Council of 27th April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation) as it forms part of the law of England and Wales, Scotland and Northern Ireland by virtue of section 3 of the European Union (Withdrawal) Act 2018</li> </ul>
NHSE	<ul style="list-style-type: none"> <li>NHS England</li> </ul>
UHND	<ul style="list-style-type: none"> <li>University Hospital of North Durham</li> </ul>
IIO	<ul style="list-style-type: none"> <li>Information Investigations Officer</li> </ul>

## 8 How this procedure will be implemented

- This procedure will be published on the staff intranet and Trust website
- This procedure and revisions to it will be disseminated to all Trust employees via all-staff policy briefing.

### 8.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
N/A				

### 8.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	Data Security Awareness mandatory training	2 hours	Annually

## 9 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Number of missing record incidents	Frequency = monthly Method = activity reporting Responsible = Head of Information Governance	Records management activity including missing records is reported monthly to Information Governance Group and Digital Performance and Assurance Group

## 10 References

NHSE Records Management Code of Practice 2021, available at [Records Management Code of Practice - NHS Transformation Directorate \(england.nhs.uk\)](https://www.england.nhs.uk/recordsmanagement/code-of-practice/)

## 11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	30 April 2024
Next review date	30 April 2026 (2 year review required by NHSX CoP 2021)
This document replaces	CORP-0026-008-v1 Records Management – Missing and Found Records Procedure
This document was approved by	Information Governance Group
This document was approved	17 April 2024
This document was ratified by	Digital and Data Management Meeting
This document was ratified	30 April 2024
An equality analysis was completed on this policy on	26 April 2024
Document type	Public

## Change record

Version	Date	Amendment details	Status
1	13-Nov-19	Title amended to more accurately reflect the purpose of the procedure Reference changed to show that the procedure 'sits under' the Records Management Policy	Withdrawn
1	12 Apr 2021	Review date extended to 13 May 2023	Withdrawn
1	27 Apr 2023	Review date extended to 27 Apr 2024	Withdrawn
1.1	30 Apr 2024	Full review with minor amendments to job titles and system names. Refreshed onto accessible template	Published



## Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Digital and Data Services Department
Title	Records Management – Missing and Found Records
Type	Procedure/guidance
Geographical area covered	Trust-wide
Aims and objectives	<p>To enable the Trust to evidence that it knows where all of its records reside and, where it does not, that it has a process in place to ensure their effective retrieval.</p> <p>To enable the Trust to demonstrate its commitment to complying with the Data Protection Act 2018 and UK GDPR.</p>
Start date of Equality Analysis Screening	11 April 2024
End date of Equality Analysis Screening	23 April 2024

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Staff and patients
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men and women) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> <li>• <b>Human Rights Implications</b> <b>NO</b> (<a href="#">Human Rights - easy read</a>)</li> </ul>
Describe any negative impacts / Human Rights Implications	None
Describe any positive impacts / Human Rights Implications	Persistent unavailability of care records leads to gaps in clinical knowledge and also means that the Trust becomes vulnerable to not being able to respond to patients who wish to see records that are held about them. Staff records also contain highly sensitive personal information. Should the whereabouts of a staff or patient record be unknown, this can cause distress for the individual involved which may be to such a degree as to cause harm. Following this procedure ensures that the Trust does all that it can in ensuring the whereabouts of records at all times thereby minimising negative impacts on people.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NHSE Records Management Code of Practice 2021 Data Protection Act 2018 and UK GDPR
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No – this procedure sits under the overarching Records Management Policy which has undergone full Trust-wide consultation. Staff comprise all protected characteristics.
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	
Describe any training needs for patients	
Describe any training needs for contractors or other outside agencies	

Check the information you have provided and ensure additional evidence can be provided if asked.

## Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1. Title</b>		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2. Rationale</b>		
Are reasons for development of the document stated?	Yes	
<b>3. Development Process</b>		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
<b>4. Content</b>		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
<b>5. Evidence Base</b>		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	

Are supporting documents referenced?	Yes	
<b>6. Training</b>		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
<b>7. Implementation and monitoring</b>		
Does the document identify how it will be implemented and monitored?	Yes	
<b>8. Equality analysis</b>		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	E&D 26/04/2024
<b>9. Approval</b>		
Does the document identify which committee/group will approve it?	Yes	
<b>10. Publication</b>		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?		
<b>11. Accessibility</b> ( <a href="#">See intranet accessibility page for more information</a> )		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	

## Appendix 3 – Logging a Missing Record on inPhase

Guidance on the use of inPhase can be found on the staff intranet. Click the link below to access the guidance.

[InPhase Oversight | TEWV Intranet](#)

Incident Type	
* Incident Type	Patient Incidents
Incident Details	
* Category	Personal Property/Data/Information
* Sub Category 1	Missing/Lost Property
* Sub Category 2	Data/information
* Was Medication Involved?	No
* Is this incident drug or alcohol related misuse?	No
* Information lost by?	<div> <div>Lost By Internal Or External Courier <sup>1</sup></div> <div>Lost In The 'General' Post <sup>2</sup></div> <div>Lost On Site But In Situ Between Two Separate Prem/Build/Depart. <sup>3</sup></div> <div>Lost Whilst Being Hand Delivered <sup>4</sup></div> </div>
* What type of document is missing/lost?	<div> <div>Employee records (includes printed Datix reports)</div> <div>Letters</div> <div>Medical Files</div> <div>Rotas</div> <div>Ward handover sheets</div> <div>Work diary</div> </div>
* Was Rapid Tranquillisation Used	No
* Result ?	No harm caused to a person or the organisation
* Severity	None (No harm caused)