

Records management – missing and found records

Ref CORP-0026-008-v1

Status: Approved

Document type: Procedure

Overarching policy: [Records Management Policy](#)

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1 Purpose

To ensure the availability of records required for all patient care. 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 (GDPR).

2 Related documents

- Records Management Policy
- Information Governance Framework
- Information Governance Policy

3 Reporting and investigating a missing patient or staff record

Step	Who	Task
1	Staff Member	Identifies a paper patient/staff record is missing either: <ul style="list-style-type: none"> • In transit from one location to another within or outwith the Trust • Within a Trust location • At secondary storage (Restore, Magnum, InBond)
2	Staff Member	Inform Line Manager of missing record
3	Staff Member and/or Team Colleagues	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. This search must not delay the incident being reported on Datix.
4	Staff Member or Line Manager	Report the missing record immediately (and in any event within 24 hours) via Datix (see Appendix 1) recording: <ul style="list-style-type: none"> • The name of the patient/staff member • Patient Paris ID. NHS number may also be recorded in the additional details section • A brief description of the file's last known movements • A physical description of the file (e.g. green wallet from Liaison at UHND) • Any file barcode number associated with that record

5	Information Investigations Officer	For files missing in transit, request confirmation of how it was sent: <ul style="list-style-type: none"> • Exactly how it was addressed • Internal vs external post • Date of sending from their tracking and tracing log • Whether an acknowledgement form was used and returned to sender • Use of a yellow transit label • Use of a return address • If external mail was used, then identify the tracking number • The route the post usually takes from sender to recipient e.g. does it go via Flatts Lane Centre or postal hubs?
6	Information Investigations Officer	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	Information Investigations Officer	Contact any other Trust sites along its transportation route for searches to be undertaken in case it has been incorrectly delivered elsewhere
8	Information Investigations Officer	Check the medical records archive lists for an audit trail for the file
9	Information Investigations Officer	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	Information Investigations Officer	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.

4 When records are found

Step	Who	Task
1	Staff Member	Inform Line Manager
2	Staff Member or Line Manager	Update Datix

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 permmed out of Restore storage records and audit trails maintained
5	Information Investigations Officer	Update investigation log and also the original Datix incident report; these are not closed until the record is found or there is proof that it has been destroyed / amalgamated.

5 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

6 How the implementation of this procedure will be monitored

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	Clinical record keeping audit	Annually	Digital Transformation and Safety Board

7 Document control

Date of approval:	13 November 2019	
Next review date:	27 April 2024	
This document replaces:	CORP-0030-v6 Availability of records procedure	
Lead:	Name	Title
	Andrea Shotton	Information Risk, Policy and Records Standards Manager
Members of working party:	Name	Title
	Lynn Holtam	Information Security Officer
	Theresa Parks	Information Governance Manager
	Jane Peacock	Patient Systems Administrator
	Sarah Stoker Records Archive Team	Information Investigations Officer
This document has been agreed and accepted by: (Director)	Name	Title
	Patrick McGahon	Director of Finance and Information
This document was approved by:	Name of committee/group	Date
	Digital Transformation and Safety Board	13 November 2019
An equality analysis was completed on this document on:	11 October 2019	

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	
1	12 Apr 2021	Review date extended to 13 May 2023	published
1	27 Apr 2023	Review date extended to 27 Apr 2024	published

Appendix 1 – Logging a Missing Record on Datix

There are three ways to record missing records on Datix depending on the person whose information is involved:

Incident Details	
★ Incident affecting	Staff/Contractor/Vendor Incidents
★ Category	Property
★ Sub Category 1	Missing/Lost Property
★ Sub Category 2	Data/information
★ Information lost by?	<div style="border: 1px solid gray; padding: 5px;"> Lost By Internal Or External Courier 1 Lost In The 'General' Post 2 Lost On Site But In Situ Between Two Separate Prem/Build/Depart. 3 Lost Whilst Being Hand Delivered 4 </div>
★ What type of document was missing/lost?	<div style="border: 1px solid gray; padding: 5px;"> Employee records (includes printed Datix reports) Letters Medical Files Rotas Ward handover sheets Work diary </div>
★ Were the Police called?	No
★ Estates Call raised?	No
★ Result	No harm caused to a person or the organisation
★ Severity	None (No harm caused)
★ Was the relevant person (patient, relative of carer) informed of the incident?	
★ Was an appropriate apology provided in line with the Duty of Candour Policy?	
★ Has all relevant communication regarding Duty of Candour been recorded in PARIS?	

Incident Details	
★ Incident affecting	Organisational Incidents
★ Were there any Staff/Patients or Public Involved?	No
★ Category	Security of Organisation's Property, Data and Buildings
★ Sub Category 1	Missing/Lost Property
★ Sub Category 2	Patient data/information
★ Were the Police called?	No
★ Estates Call raised?	No
★ Result	No harm caused to a person or the organisation
★ Severity	None (No harm caused)
★ Was the relevant person (patient, relative of carer) informed of the incident?	
★ Was an appropriate apology provided in line with the Duty of Candour Policy?	
★ Has all relevant communication regarding Duty of Candour been recorded in PARIS?	

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 style="border: 1px solid black; padding: 5px;"> Lost By Internal Or External Courier ¹ Lost In The 'General' Post ² Lost On Site But In Situ Between Two Separate Prem/Build/Depart. ³ Lost Whilst Being Hand Delivered ⁴ </div>
* What type of document is missing/lost?	<div style="border: 1px solid black; padding: 5px;"> Employee records (includes printed Datix reports) Letters Medical Files Rotas Ward handover sheets Work diary </div>
* Was Rapid Tranquillisation Used	No
* Result [?]	No harm caused to a person or the organisation
* Severity	None (No harm caused)

Appendix 2 - Equality Analysis Screening Form

Please note; [The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page](#)

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Information Department			
Name of responsible person and job title	Andrea Shotton – Information Risk, Policy and Records Standards Manager			
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Compliance Team Medical Records			
Policy (document/service) name	Records Management – Missing and Found Records			
Is the area being assessed a...	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>
	Procedure/Guidance	<input type="checkbox"/>	X	Code of practice
	Other – Please state			
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 (GDPR).</p>			
Start date of Equality Analysis Screening	11 October 2019			

End date of Equality Analysis Screening	11 October 2019
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You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Staff and patients					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

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.

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?	Yes	X	No	
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Sources of Information may include:

- Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.
- Investigation findings
- Trust Strategic Direction
- Data collection/analysis
- National Guidance/Reports

- Staff grievances
- Media
- Community Consultation/Consultation Groups
- Internal Consultation
- Research
- Other (Please state below)

Data Protection Act 2018 (GDPR)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

No – Please describe future plans that you may have to engage and involve people from different groups

No – this procedure sits under the overarching Records Management Policy which has undergone full Trust-wide consultation. Staff comprise all protected characteristics.

5. As part of this equality analysis have any training needs/service needs been identified?

No Please describe the identified training needs/service needs below

A training need has been identified for;

Trust staff	No	Service users	No	Contractors or other outside agencies	No
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Make sure that you have checked the information and that you are comfortable that additional evidence can be provided if you are required to do so

The completed EA has been signed off by: You the Policy owner/manager: Type name: Andrea Shotton	Date: 11/10/2019
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Your reporting (line) manager:

Type name: Lorraine Sellers

Date:

11/10/2019

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046