



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

# **NHS Number Procedure**

## **Ref IT-0014-v6**

**Status: Approved**

**Document type: Procedure**

**Overarching policy: Data Management Policy**

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## 1. Purpose

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There will be cases when staff within the trust need to receive Patient Identifiable Information, record key patient demographics on clinical systems and/or paper records or transmit such information to stakeholders both inside and outside of the trust.

When this is done confidentiality and security must be the most important consideration and for following Legislation and data standards kept in mind:

- General Data Protection Regulation (GDPR)
- The Caldicott Principles
- The NHS Code of Practice on Confidentiality
- National Data Opt Out service

## 2. Related documents

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### Internal Resources

- Access to Information Systems Policy
- Data Management Policy
- Email procedure
- Information Security and Risk Policy
- Network User Access Procedure
- NHS Number Procedure
- Printing Procedure
- Records Management - Minimum standards for clinical record keeping

### External Resources

- <https://www.datadictionary.nhs.uk>

## 3. Procedure

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### 3.1. Recording the NHS Number

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Upon receipt of a referral, the referral must be recorded on the appropriate Clinical Information System(s) by the responsible staff member. If the patient is not already registered on the system, a registration must be recorded (following the System Specific Policies). If the patient is already registered on the system, all demographic details, including NHS number, must be validated against the data already recorded.

If the patient is not registered on the system the member of staff must undertake a trace on the Personal Demographics Service (PDS) of the Summary Care Record (SCR) to ascertain the correct identifier for the patient.

Once obtained, the NHS number must be recorded on the appropriate Clinical Information System(s) and any paper record by the responsible staff member.

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## 3.2. Batch Tracing Patient NHS Number

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On a regular basis the Information Department will undertake a batch trace to the Demographic Batch Service. This facility is used to verify that the correct demographics, such as NHS number, GP and Date of Death are recorded against the correct patient. It cannot be relied upon to maintain key patient demographics.

The Information Department will provide reports on missing NHS numbers for patients on the current caseload of individual services. These reports will be made available to both administrative and clinical staff and appropriate Senior/General Managers via the Trust's Integrated Information Centre. These reports must be run by services on a monthly basis to obtain and record the patient's NHS number on the system. This trace must be undertaken within 10 working days.

The sender of any clinical correspondence referring to the patient must display the NHS number as a standard item of information.

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## 3.3. Correspondence

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All correspondence to patients or to stakeholders regarding the patient, internal to TEWV or external must include the Patients NHS Number alongside other key demographics. Failure to include the NHS Number in all correspondence could result in a Serious Untoward Incident (SUI) and could lead to harm to the patient, a delay in treatment or duplicate patient records.

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## 3.4. National Data Opt Out

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NHS Number Data Processors must be aware of the National data Opt Out service. The national data opt-out was introduced to enable patients to opt out from the use of their data for research or planning purposes. If when tracing a patient using the Clinical Spine Application the patient has signed up to the programme the Data Processors cannot use their personal data for research or planning purposes

The national data opt-out [operational policy guidance provides](#) the legal definitions and policy behind the national data opt-out

## 4. How this procedure will be implemented

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|--|
| • All users should understand and apply the procedure.   |
| • 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. |
| • The use of the NHS number will be promoted.  |
| • This procedure will form part of the electronic clinical record system training.                         |

## 4.1. Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All electronic clinical record system users	electronic clinical record system training	e-learning	Yearly
Patient products team staff	Batch tracing induction	1 Day	Once

## 5. 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	IIC data quality reports	Data Quality Group/Clinical Management Groups	Senior Leader Groups
2	Batch tracing process	monthly	Information Heads of Service Group
3	Clinical Audits	Yearly	Clinical Governance Team

## 6. References

- [Information standards notice \(Amd 136/2010\)](#)
- [Standard Specification \(Amd 136/2010\)](#)
- [Information Standards Notice \(Amd 13/2011\)](#)
- [Change request \(Amd 13/2011\)](#)
- [Specification \(Amd 13/2011\)](#)
- [Guidance \(Amd 13/2011\)](#)

## 7. Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	12 May 2021	
Next review date:	12 May 2024	
This document replaces:	IT-0014-v5 NHS No. Procedure	
This document was approved by:	Name of committee/group	Date
	Heads of Information	06 May 2021
	Digital Transformation and Safety Board	12 May 2021
This document was ratified by:	Name of committee/group	Date
	n/a	
An equality analysis was completed on this document on:	07 April 2021	
Document type	Public	
FOI Clause (Private documents only)	n/a	

### Change record

Version	Date	Amendment details	Status
5	January 2018	Full review and no changes required. Review date extended to March 2020.	published
n/a	Dec 2019	Full review and changes required to support National Opt Out.	(pending – not approved due to error)
5	23 April 2020	Review date extended from 19 March 2020 to 19 September 2020. Footer corrected.	published
5	Sep 2020	Review date extended to 19 March 2021	published
5	15 Mar 2021	Review date extended to 19 June 2021	published
6	12 May 2021	Revised version of procedure, changes include:- <ul style="list-style-type: none"> <li>• Full review and changes required to support National Opt Out.</li> <li>• Updated Section 2 – Related Documents</li> <li>• Updated Section 3 – Procedure</li> <li>• Updated Section 4.1 – TNA</li> <li>• Updated Section 5 – How Procedure will be implemented</li> <li>• Updated Section 6 – References</li> <li>• Updated into new template</li> </ul>	Published

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## Appendix 1 - Equality Analysis Screening Form

**Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet**

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Information – Information Systems				
Policy (document/service) name	NHS Number Procedure				
Is the area being assessed a...	Policy/Strategy	X	Service/Business plan	Project	
	Procedure/Guidance			Code of practice	
	Other – Please state				
Geographical area covered	TEWV				
Aims and objectives	To provide guidance for the management, security and use of the NHS Number in electronic and paper clinical records and correspondence.				
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	07 April 2021				
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	07 April 2021				

**You must contact the EDHR team if you identify a negative impact. Please ring the Equality and Diversity team on 0191 3336267/3046**



1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
The procedure provides regulations and guidance for the management, security and use of NHS Numbers within both electronic and paper Patient records. This benefits all staff and patients in ensuring that all system users within the Trust are clear on their roles and responsibilities for using and validating the NHS Number.					
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?					
<b>Race</b> (including Gypsy and Traveller)	No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	No	<b>Sex</b> (Men, women and gender neutral etc.)	No
<b>Gender reassignment</b> (Transgender and gender identity)	No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	<b>Age</b> (includes, young people, older people – people of all ages)	No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	No
<b>No</b> – Please describe any positive impacts/s					

<b>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?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>	
<b>Sources of Information may include:</b> <ul style="list-style-type: none"> <li>Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>Investigation findings</li> <li>Trust Strategic Direction</li> <li>Data collection/analysis</li> <li>National Guidance/Reports</li> </ul>	<ul style="list-style-type: none"> <li>Staff grievances</li> <li>Media</li> <li>Community Consultation/Consultation Groups</li> <li>Internal Consultation</li> <li>Research</li> <li>Other (Please state below)</li> </ul>			
<b>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</b>				
<b>Yes</b> – Please describe the engagement and involvement that has taken place				
Consultation process involved a wide range of staff within the Information Department as well as consultation with Heads of Service, Technical Change Board, and Digital Safety Board for review.				
<b>No</b> – Please describe future plans that you may have to engage and involve people from different groups				

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

<b>No</b>	Please describe the identified training needs/service needs below
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A training need has been identified for;

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

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

## Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
<b>1.</b>	<b>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.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>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.</b>	<b>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.</b>	<b>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.</b>	<b>Training</b>		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Yes	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
<b>10.</b>	<b>Publication</b>		
	Has the document 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?	Yes	