

Moving records and other sensitive information

Ref CORP-0026-005-v1

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Document type: Procedure

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1 Introduction

Moving any type of information (e.g. health or non-health record) from one location to another, should not be undertaken without careful consideration of the risks involved with the loss of patient, personal or other sensitive information that either the Trust or individual would not wish to have placed in the public domain.

The Trust recognises that it is becoming more common that records need to be taken off Trust premises for home visits, externally held clinics, cross-Trust meetings and meetings with personnel not necessarily on the same base as their manager, etc.

Records are defined as 'information created, received and maintained as evidence of activity within the Trust in any media'. In practice this means clinical, HR and all other business records whether in electronic or paper format.



The loss of any record is always treated as a serious incident. If service user records, staff files or business records go missing as a result of failing to follow this procedure staff could be subject to disciplinary action.

2 Purpose

Information is valuable and should be treated as an asset. Furthermore, the security and confidentiality of the Trust's information is of paramount importance. This document provides guidance when information needs to be moved around and outside of the Trust.

3 Related documents

This procedure describes what you need to do to implement the Records Management Policy.



The Records Management Policy describes the Trust's legal obligations for records management which you must read and understand before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Minimum standards for clinical record keeping
- ✓ Minimum standards for corporate record keeping
- ✓ Records management lifecycle policy
- ✓ Transport policy – Trust pool vehicles/transport services provided by external suppliers
- ✓ Information Governance Policy
- ✓ Email policy and procedure

4 Roles and responsibilities

Role	Responsibility
Chief Executive	Responsibility for these procedures and guidance and their enforcement
Data Protection Officer (DPO)	<ul style="list-style-type: none"> The DPO is an essential role in facilitating 'accountability' and the organisations ability to demonstrate compliance with the GDPR To oversee the records management systems in the organisation so that all holding, processing and sharing activities are understood and compliant with GDPR principles
Information Risk, Policy and Records Standards Manager	Developing and implementing these procedures and guidance.

5 Key themes

5.1 Urgency

The speed at which records are needed will dictate the method chosen to move records to where they need to be whether inside or outside of the Trust.

5.2 Caldicott Principles

Every NHS organisation has a Caldicott Guardian who oversees the use of patient information. Within the Trust, this is the Director of Nursing and Governance. The Guardian is responsible for agreeing and reviewing guidelines that govern the way 'patient-identifiable information (that is, personal data by which a patient can be identified) is released. When applying the requirements of Caldicott you should follow the six principles:

1. Justify the purpose of using patient identifiable information (PII)
2. Only use PII when absolutely necessary
3. Only use the minimum necessary PII
4. Access to PII should be on a strictly need-to-know basis
5. Everyone should be aware of their responsibilities and obligations to respect confidentiality
6. Understand and comply with the law
7. The duty to share information can be as important as the duty to protect patient confidentiality

5.3 Transporting records

When records need to be transported urgently from one location to another, the following options may be used:

1. Trust-approved taxis
2. Trust-approved couriers
3. Hand delivered by Trust staff

5.4 Mailing records

If records are to be posted from one location to another, consider whether to use internal mail or external mail services. The Trust's internal mail service does not deliver to all Trust premises and may not deliver within the timescale needed for urgent delivery. Delivery of post can take 1-5 working days depending on where post is being collected and delivered. If this is at the extreme ends of the Trust delivery times will take more than a day.

5.5 Tracing and tracking records



Accurate recording and knowledge of the whereabouts of all records is essential if the information they contain is to be located quickly and efficiently. This includes both patient and staff information.

One of the main reasons why records get misplaced or lost is because their next destination is not recorded anywhere. The success of the tracking system depends entirely upon staff recording **every** record movement, both inwards and outwards. A logging in /out register is used to track the movement of records.

5.6 Email

Person identifiable information (PII) and other sensitive information may be sent by email if there is an identifiable business need. There are strict procedures for emailing this type of information. Information sent from one TEWV colleague to another using NHS mail is secure because it is encrypted.

All PII sent by email, internally and externally, must be encrypted. Encryption is not the same as password protection. Staff should read the Trust's NHS mail policy for further guidance on the use of email for transferring PII.

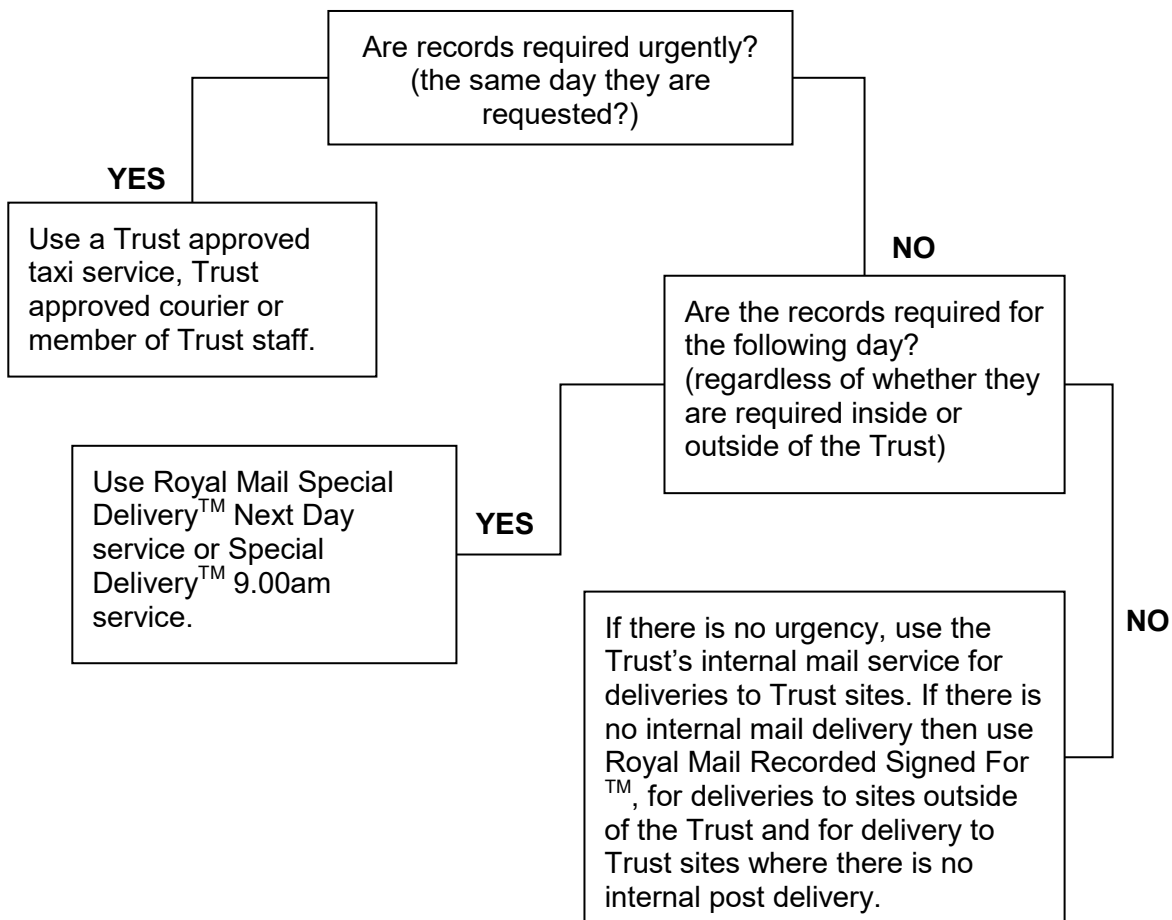
6 Procedures

6.1 Choosing the appropriate method for moving records

Follow the decision 'tree' on the following page to help you select the most appropriate method for moving records from one location to another.

1. If records are required urgently, *i.e.* the same day that they are requested, use a Trust-approved taxi or courier. Ask the driver to sign for the records as proof they have been collected. Check that Trust approved couriers operate a 'same day' service *i.e.* pick-up and delivery on the same day. If workload allows, a member of staff may be permitted to hand deliver records if this task can be incorporated into their work that day without impinging on the completion of their tasks. Hand delivery of records by Trust staff should only be considered once other options have been exhausted. Make sure packages are securely packed and addressed in full; this should include :
 - Addressee
 - Job title
 - Department (if appropriate)
 - Postcode
 - A full return address
2. If records are required for the following day use Royal Mail Special Delivery™ 9.00am or Special Delivery™ Next Day or Royal Mail Recorded Signed For™. Special Delivery is expensive but it does provide limited compensation, guaranteed next day delivery and ability to track progress. Recorded delivery is signed for at both ends however next day delivery cannot be guaranteed. Recorded delivery should suffice but if next day delivery is crucial, use Special Delivery. The decision to choose the appropriate method of delivery should be made at a local level.
3. If movement of records is not urgent and records are required internally within the Trust then use the Trust's internal mail service. If you use internal mail bear in mind that this service does not necessarily cover all Trust premises. Also take account of the delivery times; it may take several days for post to be moved from distant locations. If there is no Trust mail service to the recipient's location use Special Delivery™ Next Day, Special Delivery™ 9.00am service or Recorded Signed For™.
4. Records which are not urgent and which are required to be sent outside of the Trust should be sent using Royal Mail Recorded Signed For™.

Decision 'tree' - choosing the appropriate method for delivery



The decision to use Special or Recorded delivery should be made at a local level. Special delivery is expensive but provides limited compensation, guaranteed next day delivery and ability to track progress. Recorded Signed For delivery is signed for at both ends of the journey but next day delivery cannot be guaranteed. Recorded delivery should suffice but if guaranteed next day delivery is required use Special Delivery.

6.2 Transporting records

1. If any records are taken away from Trust premises for any reason it remains the responsibility of the person taking the records to ensure that the record is kept confidential and secure at all times.
2. The Trust approved tracking and tracing procedure must be used so that, before a record is removed from its place of storage, a record is made of who has the record and where it is located.
3. Take care to make sure that members of the family or visitors to the service user's home cannot gain unauthorised access to the records. This also applies equally to Trust business records and personnel records.
4. Records must never be left on display in the car. They must always be stored securely in the boot of the car whilst in transit during the working day. Tinted 'modesty film' applied to rear car windows will not prevent passers-by being able to view objects on the rear seat.

Objects on the rear seat will still be viewable by looking through the windscreen or side windows.

5. Records must not be carried on public transport. Records may however, be transported in Trust approved taxis.
6. If records cannot be returned to the Trust on the same day the member of staff must ensure that they are kept securely, confidentially and safely. They must not be left in a car or lying around for any unauthorised persons to gain access.
7. Records must always be secured within the folder in which they are carried to minimise the risk of dropping the records and loss of the contents.
8. The responsibility for maintaining records in a secure place rests with the person who has use of the documents at any one time. The Trust will deem the owner to be the last person to whom the records are tracked on the tracing system.
9. Records must only be kept by staff for as long as they require access to the record to perform the immediate care or business or to make entries. On completion the records must be returned to the originating department or appropriate archive records library.
10. Where records are transferred to another hospital within the Trust the individual practitioner involved in arranging the transfer is responsible for ensuring their timely and secure return to the originating department or appropriate library.
11. Where records are sent outside of the Trust they must always be photocopied. The copy must be recreated in a folder clearly marked as a copy and the date created. Send the copy using Royal Mail Special Delivery™ or Recorded Signed For™ depending on the urgency. In some exceptional circumstances originals may need to be released rather than copies for example:
 - When health records are required by courts of law
 - When non-health records such as deeds, contracts or other legal records have been requested
12. Original documents must, by law, never be released unless under specific legal circumstances i.e. court orders or certain police requests. The Claims and Legal Services Manager would deal with any such requests.
13. All incidents involving misplacement or loss of records should be documented in accordance with the Trust incident reporting policy and procedure. A full investigation will be undertaken to enable any gaps in procedure to be rectified immediately.
14. Removable media is the term used to describe any kind of portable data storage device that can be connected to and removed from your computer i.e. data CDs or DVDs, USB flash memory sticks or pens, zip drives and portable hard drives, palmtop computers and digital cameras. If there is a clearly identifiable business need, personal identifiable information (PII) may be stored and /or transported using some types of portable media but the information must be encrypted to the NHS approved standard. For specific details please refer to the Trust's management of portable media and encryption policy. Removable media must be transported separately from computer equipment, e.g. not transported in the same bag as the laptop.

6.3 Mailing records

6.3.1 Internal mail

1. Ensure the borrower justifies the reason for access to the records they wish to borrow (apply Caldicott principles).

2. Don't assume that the internal postal service serves all Trust premises. You should check directly with the recipient if internal mail is delivered to their address. If there is no internal delivery use Royal Mail Special Delivery™ or Recorded Signed For™.
3. Use new (unused) plastic envelopes or, if unavailable, sturdy envelopes. Make sure the envelope is the right size for the record. If the envelope is too big, the record will move around inside the envelope. The force of the movement may tear the envelope and the record will be at risk of damaging the envelope further and falling out of the envelope. Fold over and tape the envelope if needed, and consider 'double bagging' (one envelope inside another).
4. If you are sending more than one volume, consider if you need to use a suitable box or container that is adequately labelled to ensure it arrives at its destination intact.
5. Use the purpose made self-adhesive yellow address labels (see Appendix 1). Complete all the details, clearly showing the names and addresses of recipient and sender. Always send records for the attention of a named person and not just a department. Yellow address labels are available free of charge from the records archive libraries at Flatts Lane Centre in Middlesbrough, Huntington House in York, and Lanchester Road Hospital in Durham.
6. Include a records acknowledgement form (see Appendix 1) for the borrower to complete and return to you. This will provide written proof that the borrower has received the records and will also act as an audit trail.
7. Seal the envelope or package securely. Use sellotape or parcel tape if necessary.
8. Mark the envelope/package '*private & confidential*'.
9. Complete a logging out register or tracer card (see Appendix 1) so you know the record has left your department/office and where it has gone to.
10. Place the envelope/package in the mail collection point. The mail collection point should be located in a secure area (safe haven) where visitors do not have access.
11. The onus is upon the borrower to telephone and inform the lender when the records arrive. The borrower should also complete and return the records acknowledgement form to the lender. If a record fails to arrive at its destination an incident reporting form should be completed by the sender (refer to availability of records procedure).
12. When a record leaves your department/office ask the recipient when they are likely to return it.
13. If the record is not returned by the expected return date, call the recipient to check on the location of the record and the new expected return date.
14. When you return records after borrowing them please make sure you include a compliments slip informing the recipient where and who the records have come from. Do not return the records without any note to say where and who they have come from.

6.3.2 External mail

1. Justify the purpose for making patient identifiable information available to organisations outwith the Trust and to other colleagues within the Trust (apply Caldicott principles). Do not send original records; only send photocopies of documentation to external organisations. Original documents must, by law, never be released unless under specific legal circumstances. The Trust must hold onto original records as they are our evidence of the delivery of care to our service users. Seek advice from a senior clinician or the Trust data protection officer to check if an external request for records falls under the Data Protection Act 1998.

2. Use Royal Mail as the service provider; use either Special Delivery™ Next Day, Special Delivery™ 9.00am service or Recorded Signed For, depending on the urgency of delivery.
3. Confirm the name, department (if appropriate) and full postal address of recipient.
4. Use new (unused) plastic envelopes or, if unavailable, sturdy envelopes. Make sure the envelope is the right size for the record. If the envelope is too big, the record will move around inside the envelope. The force of the movement may tear the envelope and the record will be at risk of damaging the envelope further and falling out of the envelope. Fold over and tape the envelope if needed, and consider 'double bagging' (one envelope inside another).
5. If you are sending more than one volume, make sure you use a suitable box or container that is adequately labelled to ensure it arrives at its destination.
6. Address the envelope/package with **full** postal address and name of recipient. Always send records for the attention of a named person and not just a department. You must include a return address and addressee on the reverse of the envelope/package.
7. Include a records acknowledgement form (see Appendix 1) for the borrower to complete and return to you. This will provide written proof that the borrower has received the records.
8. Seal the envelope/package securely. Use sellotape or parcel tape if necessary.
9. Mark the envelope/package '*private & confidential*'.
10. Complete a logging out register or a tracer card (see Appendix 1) so you know the record has left your department/office.
11. Place the envelope/package in the mail collection point. The mail collection point should be located in a secure area where visitors do not have access.
12. Telephone the recipient at the guaranteed delivery time/date to confirm that the record has arrived intact at its destination. If the records do not arrive at their destination within the guaranteed time/date, contact the mail delivery provider immediately and ask them to locate the package. If a record fails to arrive at its destination an incident reporting form must be completed by the sender. Continued efforts must be made to ask the mail delivery provider to find the records. (see availability of records procedure)
13. When a record leaves your department/office ask the recipient when they are likely to return it.
14. If the record is not returned by the expected return date, call the recipient to check on the location of the record and the new expected return date.
15. If you are using a courier to move records make sure you follow their guidelines for packaging. Include a recipient's name, full postal address including postcode and full return address. Mark the package '*private & confidential*'.

6.4 Tracing and tracking records (health and non-health)

The location of any record must be known so it can be found and retrieved if required. The movement of all records must be recorded using a logging in and out register or a tracer card. These systems only work if *every* borrower of a record uses a logging in and out register so the exact location of a record can be pinpointed at any given time.

6.4.1 Instructions for logging in and out registers

These detail records that have entered and left a department or office. Registers must be accessible each day so the records service staff can locate records if necessary, e.g. records may

become subject to a request under the Data Protection Act 2018 (GDPR) or Freedom of Information Act (FOI) 2000. The Trust has only 40 calendar days (21 days best practice) to respond to a request under DPA and 20 working days to respond to a request under FOIA.

Records out (Appendix 1)

1. If a member of staff requests a record from your office justify the need for the record to be made available.

2. Once the need has been justified record the departure of the record from your office/department on a logging out register. Record these items:
 - Description of item
 - Date sent out
 - Sender's name
 - Sent to (name and address of requestor)
 - Date received by requestor
 - Method of transfer
 - Reference number, e.g. special delivery reference (if applicable)

3. Remember to include a records acknowledgement form (Appendix 1) for the borrower to complete and return to you.

Records in (Appendix 1)

1. If you receive records into your office complete a logging in register

2. Record the following information:
 - Description of item received
 - Member of staff who receives record and logs them into the register
 - Date received
 - Method of transfer

3. When you receive the records put them in a safe and secure place

4. Telephone the sender to confirm receipt and complete the records acknowledgement form that is enclosed with the records (Appendix 1). Return this form to the sender so they have written evidence of receipt of the records.

5. Return the records promptly to the sender when you have finished with them.

6. When you return the records back to the sender, log their departure into your logging out register.

6.4.2 Instructions for tracer cards

A tracer card takes the place of an absent record and is used at a record's usual storage area. The tracer card is put in place of the record in its absence. Tracer cards must detail enough information to be able to locate absent records.

1. Follow Caldicott principles and justify the need for making patient records available to other members of staff before sending them out of your department.
2. Once the need has been justified make sure you complete a tracer card. If the record consists of more than one volume then indicate on the tracer card the number of volumes that have been borrowed. (If you are also using a logging in and out register make sure you complete this).
3. Tracer cards are available from CARDEA (code number LP12085)
4. Place the completed tracer card in the usual storage place of the record. The tracer card takes the place of the absent record. Make sure you record the following information on the tracer card as a minimum:
 - Date removed
 - Reason for removal
 - Destination
 - Date returned

7 Definitions

Term	Definition
Internal Mail	Mail that is addressed to Trust premises and collected and delivered by the Trust's transport staff and staff from other NHS Trusts and external agencies with whom the Trust has service level agreements.
External Mail	Mail that is addressed to buildings outside of the Trust and delivered by Royal Mail or other external mail delivery services.
Courier	An external delivery service for the transport of urgent documents e.g. TNT UK.

8 How this procedure will be implemented

<ul style="list-style-type: none"> • This procedure will be published on the Trust's intranet and external website.
<ul style="list-style-type: none"> • Line managers will disseminate this procedure to all Trust employees through a line management briefing.
<ul style="list-style-type: none"> • Information Department is responsible for providing training on care records management

procedures.

- All users should understand and apply the guidance and procedures
- This guidance and the procedures form part of a series of procedures held within the records management manual

8.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Staff responsible for moving and sending records and sensitive information	Workshop	0.5 day	Annually

9 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	Records management spot checks	Information Risk, Policy and Records Standards Manager	Digital Safety and Information Governance Board

10 Document control

Date of approval:	05 September 2018	
Next review date:	05 March 2022	
This document replaces:	CORP/0029/v6 Procedure for moving records and other sensitive information	
Lead:	Name	Title
	Andrea Shotton	Information Risk, Policy and Records Standards Manager
Members of working party:	Name	Title
	GDPR steering group	
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 Safety and Information Governance Board	05 September 2018
This document was ratified by:	Name of committee/group	Date
An equality analysis was completed on this document on:	24 July 2018	

Change record

Version	Date	Amendment details	Status
1	05/09/2018	Full revision. Minor amendments to job titles and responsibilities. Updated references to DPA 2018 (GDPR)	Published
1	12 Apr 2021	Review date extended to 05 March 2022	Published

Appendix 1 - 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			
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	GDPR steering group			
Policy (document/service) name	Records Management – Moving and Sending Sensitive Information			
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	This procedure provides guidance when information needs to be moved around and outside of the Trust to ensure that security and confidentiality are maintained.			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	24 July 2018			
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)	24 July 2018			

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Ian Mhlanga on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Staff, patients, carers, family members and others whose personal and sensitive information is entrusted to the Trust					
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
<p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe any positive impacts/s</p> <p>Implementing this procedure correctly provides assurance to staff, patients and others whose personal and sensitive information we hold and process is looked after appropriately to ensure its confidentiality and security.</p>					

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	
Sources of Information may include: <ul style="list-style-type: none"> Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. Investigation findings Trust Strategic Direction Data collection/analysis National Guidance/Reports 	<ul style="list-style-type: none"> Staff grievances Media Community Consultation/Consultation Groups Internal Consultation Research Other (Please state below) 			
4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, 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				
The original version of this procedure underwent full staff consultation. This version has had minor amendment which does not require consultation.				
No – 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?					
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
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					
The completed EA has been signed off by: You the Policy owner/manager: Type name: Andrea Shotton					Date: 26/07/2018
Your reporting (line) manager: Type name: Lorraine Sellers					Date: 26/07/2018
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

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	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	
4.	Content		
	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	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
Signature:		Andrea Shotton	

Appendix 3 – Records acknowledgement form



Your address

Telephone number: your phone number

Fax number: your fax number

Email: your email address

ACKNOWLEDGEMENT FORM

I hereby acknowledge receipt of medical notes regarding:

PATIENT NAME:DOB.....

PARIS NUMBER:No of volumes.....

SIGNED: DATE:

WARD/DEPT:

PLEASE TELEPHONE TO CONFIRM RECEIPT, PLEASE RETURN COMPLETED FORM TO THE ABOVE ADDRESS

Appendix 4 - Internal mailing label

**Do Not Re-Use this Label
CONFIDENTIAL RECORDS
For Internal Mail Use Only**

Name:

DEPT:

ADDRESS:

.....

DATE:

SENDER
NAME

DEPT

ADDRESS

.....

NOT TO BE USED ON TRANSIT ENVELOPES

Tees, Esk and Wear Valleys NHS Foundation Trust

Appendix 5 – Log of records in

Name of ward, department or unit.....

*Description of item received	Receiving person	Date received	Method of transfer

* If health record, include NHS and PARIS number, number of volumes and volume number, type of record i.e. profession specific e.g. psychology or service specific e.g. liaison psychiatry or state if unified record.

Appendix 6 – Log of records out

Name of ward, department or unit.....

*Description of item	Date sent out and sender's name	Sent to	Date received by requestor (from records acknowledgement form)	Method of transfer	Reference no. e.g. special delivery ref. if applicable

* If health record, include NHS number, number of volumes and volume number, type of record i.e. profession specific e.g. psychology or service specific e.g. liaison psychiatry or state if unified record.