

Safe Transfer of Health Records

1. Information taken away from Hospital premises

All staff must seriously consider the need for taking patient/client/staff records out of their base with them on a visit. This should only happen when absolutely essential and there is no other method available for accessing/recording the information required. Staff must not carry around more information than is necessary.

It is recognised that health professionals may find it necessary to remove patient records from their base, to assist their daily practice of seeing patients in community settings. The guidelines below should be followed to reduce the risk of the records being accessed by an unauthorised person, lost or stolen. These guidelines are also applicable to HR staff transporting staff records.

- When removing notes for home visits ensure that you take only for those visits that are pre booked.
- Consider whether you need the notes to carry out the visit?
- Records should not be removed for general administration purposes, e.g. writing routine reports.
- Record the removal and return of files taken away from the workplace.
- Records should be stored and carried in a secure bag/case.
- Records should not be carried 'loosely' as this increases the risk of dropping them and losing something.
- Where confidential information is being transported by both internal and external mail, it is important to ensure that it is securely packaged and that the word 'Confidential' is clearly displayed. Where information is being sent to locations out with those covered by the van service, recorded delivery (signed for and special delivery guaranteed or trusted courier) should be utilised. Lockable, traceable, tamper proof bags should be used.
- If the member of staff is not returning to their base at the conclusion of their visits the records must be stored in the bag/case used and taken out of the car overnight into their home. Care must be taken in order that members of the family or visitors to the house cannot gain access to the records. This practice should only occur if the member of staff is not returning to their base after the working day or the records are required for the next working day. Staff must have the agreement of their manager if it is necessary for them to work in this way.
- Records should not be away from base for more than one working day i.e. if a member of staff is not returning to base at the conclusion of their working day, the records taken out on visits must be returned on their next normal working day.

There may be exceptional circumstances that mean this is not possible i.e. if a member of staff goes off sick before returning the notes. In this situation the records should be returned as soon as is practically possible. Managers may have to make arrangements to retrieve records if they are required whilst the member of staff is off for a period of time.

2. Transfer of records to other bases in NHS Lothian

- Where the record is related to significant events (e.g. complaints, legal action, access to records requests, serious incidents); or where the person holding the record or the person asking for it thinks that the record is particularly sensitive for other reasons, it should be delivered in person wherever possible.
- Loose identifiable information should not be handed to another person for delivery simply because they are going to the designated department.
- When records are sent in the internal post an assessment must be made as to the risk of loss. If the loss of those records could compromise patient care or create a serious breach of confidence the following procedure must be followed. It must be followed in all cases where whole patient records are being sent.
- Records must be transferred in an envelope which can be securely sealed, be clearly addressed to a named individual including their title and location and be marked Private and Confidential. If an envelope is reused cross out the previous address. NEVER reuse an envelope with a business reply service number. The records will be sent to the address registered to the business reply service and not to the address you have written.
- Where bulk transfers (50 records or more) are used the number of items in transit must be recorded with a method to identify any records that are transferred.
- The sender must add their name, title and location to the back of the envelope. A note should be attached to the records asking the recipient to contact the sender to acknowledge receipt. This can be done via e mail, telephone or by a return receipt. Alternatively, an e mail can be sent to the recipient telling them the records are in transit and to contact the sender if they do not arrive within three days.
- If the sender has heard nothing after three working days, they should contact the person the records were addressed to, to check receipt.
- If possible, staff should nominate a colleague to open mail containing service user records when on planned or unplanned leave. Such records should be kept secure until the member of staff returns from leave.
- If staff need to send records urgently then they should contact the intended recipient in advance to ensure that they are not on leave or working away from their base.
- Information should not be regularly faxed, where possible alternative secure methods must be used. NHS Lothian permit faxing where authorisation has been given by the Caldicott Guardian and an exemption application must be completed.
 - o No new fax service or business process to be implemented - this is against NHS Lothian Policy
 - o Existing Fax services must be locally reviewed for more suitable methods and an action plan of a move to more secure methods of transferring information established (e.g. secure email and provision is NHS.net addresses)

- In emergency Fax Guidance in NHS MEL (1997)⁴⁵ must be followed (excerpt Sub Appendix 1)
- NHS MEL (1997)⁴⁵ is due to be replaced with stricter controls following several miss-dial fax data breach incidents that have resulted in monetary fines by the Information Commissioner, and this guidance will be updated and replaced.

Faxing should only be used in an emergency situation.

3. External post - Royal Mail

- When records are sent in the external post an assessment must be made as to the risk of loss. If the loss of those records could compromise patient care or create a serious breach of confidence the following procedure must be followed. It must be followed in all cases where whole patient records are being sent.
- External post should be avoided in most circumstances for sending clinical records out with NHS Lothian (use internal mail, or physical handover). Where original records or copies have to be sent to organisations outside NHS Lothian, they should be securely sealed and addressed as above and should be sent using Royal Mail's Recorded Delivery service which provides a tracking and tracing service.
- Lockable, traceable tamperproof bags/containers must be used for anything bulkier than an individual letter.
- Where bulk transfers (50 records or more) are used the number of items in transit must be recorded with a method to identify any records that are transferred. In addition to the secure method of transfer used, records must be transferred in an envelope which can be securely sealed, be clearly addressed to a named individual including their title and location and be marked Private and Confidential.

4. Tracking Records

When an assessment has been made as to the risk of loss and the loss could compromise patient care or create a serious breach of confidence the following procedure must be followed. It must be followed in all cases where whole patient records are being sent so that their whereabouts are known at all times.

The person responsible for sending or taking records must log:

- The name and type of records removed, including any unique identifying number,
- The reason for removal and whether likely to be temporary or permanent if known,
- The date of removal,
- The person the record is being sent/handed over to,
- Method of transfer
- The date notified that the records have arrived at their destination including name of person confirming receipt, if appropriate.
- The date records return to base, if appropriate.

Where data is received in an insecure manner from another part of NHS Lothian i.e. does not follow this policy, the recipient should notify the sender and request that any future

information must be sent securely. A DATIX incident report should be completed on any such incidents.

5. Transportation of Health Records, Out of Hours

Between 9am and 5pm on weekdays, Medical Records personnel are available to assist with the tracking and transportation of health records between hospital departments if required. If a set of case notes is needed out of hours, then the case notes will be retrieved by the Reception or Nursing staff (who are trained to use the tracking system) are also authorised to track and transport case notes out of hours – the procedural rules apply to both core working hours and ‘out of hours’

6. Health Records Guidance

Further Guidance can be sought from NHS Lothian Health Records Department who have a more local policy on how to transfer Health Records, this can be found on the intranet, [Health Records Policy PP34-Transporting Casenotes](#) (available on NHS Lothian intranet)

7. Email

Email of personally identifiable information should be in compliance with safe email transmission . [Safe Email Transmission Standard Operating Procedure](#) (available on NHS Lothian intranet)

Appendix 1

NHS MEL (1997) 45 Guidance on the use of facsimile transmissions for the transfer of Personal Health Information within the NHS in Scotland

1. No named data should be sent by fax. If it is essential, clinical information can be sent with a suitable identifier (e.g. the CHI number) and the name and address and identifier conveyed by post or telephone. Where the transmission of named data is established practice and where discontinuation of this practice would cause disruption to patient services, it is therefore essential that best practice (as described below) is followed and that a confidentiality notice used as described below in paragraph 9. In these circumstances Health Boards and Trusts should plan to switch such data exchange to the NHS Mail which is being established as a secure, private network at the earliest opportunity. You should refer to NHS MEL(1996)80 for information about NHS Mail and how to connect to it.
2. It is imperative that fax machines which are used for the transmission or receipt of confidential information are placed in a secure location. The machines should be operated only by authorised users and these users should fully understand their responsibilities for maintaining confidentiality.
3. The room housing the fax machine must be locked whenever unattended. If the office is in general use, consideration must be given to ensuring that unauthorised individuals are unable to read, accidentally or otherwise, faxes which are arriving or have recently arrived.
4. Where the fax machine used for confidential information is located in a safe area (e.g., a "safe haven" in a Health Board) and is the only fax machine in use by the organisation, the safe haven staff should forward any faxes not intended for their area.
5. A particular problem relates to faxes arriving outside normal hours which could be seen by cleaners or other personnel. Options to combat this include a blanket ban on transmissions outside office hours, switching machines off overnight if they are not secured and, possibly (if it does not constitute a fire hazard), locking machines (while switched on) into a cupboard. A further option involves the use of a computer to receive and store faxed data; whereby the information cannot be extracted without a password.
6. One of the most important risks with fax machines is misdialling, although most models display the number dialled. This can lead to faxes not arriving at all or arriving in an unintended location. In the latter case, there can be serious implications if non-coded confidential information is on the fax. Consideration should be given to the use of encryption between two safe havens, in appropriate cases. Best practice involves always checking the safe haven fax number before dialling; never dial from memory. Valid sources would include a locally compiled safe haven directory of a national directory, but not a general directory; alternatively, a telephone call to the safe haven should be used.
7. It is good practice to always precede the fax transmission by a telephone call to the recipient to confirm the fax number, to ensure that someone will be on hand at the machine to receive the fax and to seek confirmation from the intended recipient that the fax has been received.

8. It is good practice to identify frequently used numbers and program these into a fax machine's "memory dial" facility; equally, computer dialling facilities may be used where available. However, numbers must be tested in conjunction with a telephone call before using them for confidential information. Furthermore, the use of "memory dial" codes should be limited to safe haven numbers; this will prevent code mis-dialling having serious consequences.
9. If, in extreme circumstances where the above guidelines cannot be followed completely, non-totally anonymised patient information requires to be faxed, the fax should be preceded by a Confidentiality Notice such as: -

This facsimile transmission is intended only for the use of the individual or entity to which it is addressed and may contain confidential information belonging to the sender which is protected by the physician- patient privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please notify this office by telephone to arrange for the return of the documents