Trust Policy

University Hospitals Plymouth NHS Trust

Change of Identity Policy for Adopted Patients

Issue Date	Review Date	Version
April 2018	Extended to February 2021	3.3

Purpose

This policy is designed to highlight to staff the process to follow for updating patient information when they have changed their identity through an adoption.

Who should read this document?

This policy is relevant to all staff who work for, or on behalf of the organisation.

Key Messages

This document will detail the process to follow for updating the patients identity due to an adoption on electronic systems and within the paper health record.

This document will signpost staff to additional Trust procedures for processing a person's identifiable information.

This document should be read in conjunction with the Records Management Code of Practice for Health and Social Care 2016.

Core accountabilities	
Owner	Head of Health Records and eNotes Implementation
Review	Caldicott and Information Governance Assurance Committee (CIGAC) and Clinical Reference Group (CRG)
Ratification	Director of IM&T
Dissemination	Head of Health Records and eNotes Implementation
Compliance	Head of Health Records and eNotes Implementation

Links to other policies and procedures

Information Governance Management Framework
Information Governance Policy
Health Records Policy
Clinical Record Keeping Policy
Data Quality Policy
APN's (Administrative Procedure Notes)
Records Management Code of Practice for Health and Social Care 2016
Confidentiality Policy
Information Security Policy

Version History

3	April 2018	Initial document
3.1	September 2020	Extended to September 2020
3.2	October 2020	Extended to December 2020
3.3	January 2021	Extended to February 2021

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.

1 Introduction

Current National guidance states that patients who have had their identity changed due to being adopted can be issued with a new NHS number and this needs to exclude references to their previous identity. In order to comply with this guidance a new electronic and/or paper based health record must be created with the new NHS number and new identity.

The Trust considers that in order to maintain the continuity of care, the clinical risk associated with preventing legitimate access to the previous identity health record, outweighs the risk associated with disclosure of the previous identity.

2 Purpose, including legal or regulatory background

This policy sets out how University Hospitals Plymouth NHS Trust (UHPNT) staff will act to mitigate this risk through:

- Creation of a new NHS number to which all future activity and records will be linked. (NHS number is supplied externally).
- Creation of a new hospital number linked to the new NHS number.
- Creation of a new identity paper health record.
- Auditing who has accessed the old identity records to prevent inappropriate access or accidental disclosure.

3 Definitions

Adoption

A baby or child that is legally cared for by another person/s not their biological parents.

Open adoption

Open adoption is a form of adoption in which the biological and adoptive families have access to varying degrees of each other's personal information and have an option of contact. In open adoption, the adoptive parents hold all the rights as the legal parents, yet the individuals of the biological and adoptive families may exercise the option to open the contact in varying forms: from just sending mail and/or photos, to face-to-face visits between birth and adoptive families.

Closed adoption

Closed adoption, also called a confidential or traditional adoption, refers to an adoption in which there is no relationship between the adoptive family and birth parents.

Health Record

Within the Data Protection Act 1998 a health record is defined as a record consisting of information about the physical or mental health or condition of an identifiable individual made by or on behalf of a health professional in connection with the care of that individual.

Records Management Code of Practice for Health and Social Care 2016 sets out standards required for the management of records for organisations who work within, or under contract to the NHS in England.

4 Duties

The Trust Board
The Trust Board will seek assurance relating to the management of the Health Record via the Director of Planning and Site Services.

Director of IM&T
The Director of IM&T has the responsibility to ratify this policy.

Caldicott Guardian
The primary responsibility for the role of Caldicott Guardian is to safeguard and govern the uses made of patient information within the Trust and the transfer of patient identifiable information outside the Trust.

Head of Clinical Systems Governance
Is responsible for:
 Information Governance within the Trust.

Head of Health Records & eNotes Implementation
Is responsible for:
 developing health records policies and procedures for case notes

 coordinating audit activity relating to health records management of case notes in conjunction with Directorate managers

 providing assurance in relation to the CQC Records Standards to the Clinical Reference Group and the Caldicott and Information Governance Assurance Committee.

All Managers
Managers within the Trust are responsible for ensuring that the policy and its supporting standards are built into local processes and that there is ongoing compliance.

All Staff
All staff, whether permanent, temporary or contracted and contractors are responsible for ensuring that they are aware of the requirements incumbent upon them and for ensuring that they comply with these on a day to day basis.

Central Records Library (CRL)
CRL staff will support departments with the retrieval, storage and re-filing of the health record but are not responsible for the security, maintenance (including filing into the records) and completeness of the record whilst outside of the Central Records Library. CRL staff will ensure that records stored within the CRL facility are traced and filed appropriately, are available when needed and dispatched in a timely manner to avoid undue delay to the assessment of patient needs by health professionals.

Disclosure Team
The Disclosure Team deal with all subject access requests both by data subjects and solicitors.

Health Records Support Officer
Is responsible for managing the process outlined in this policy with regards to patient's change of identity within the health records.

Information Governance Committee Structure

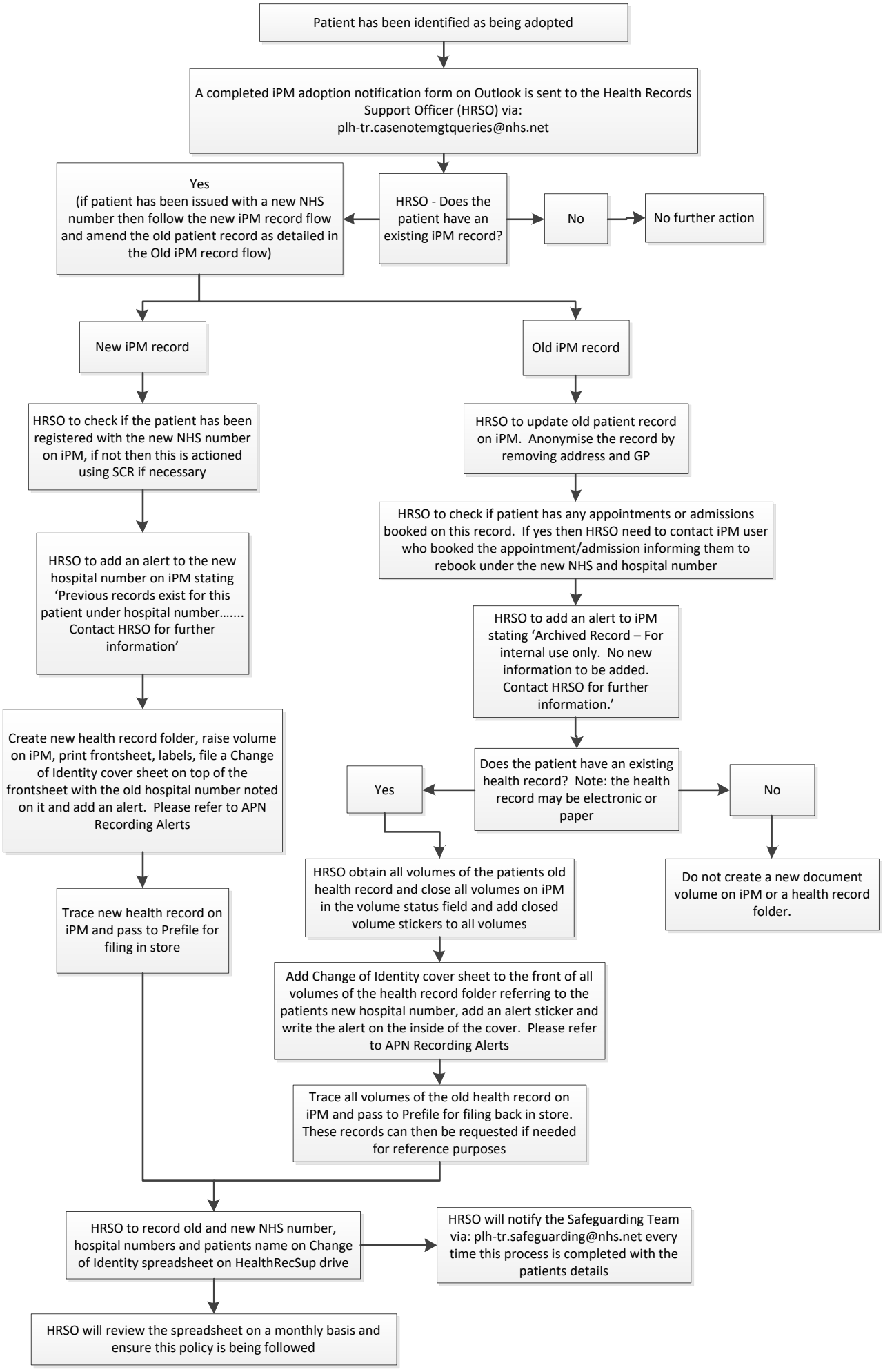
The Trust has designated authority to the Caldicott and Information Governance Assurance Committee (CIGAC) to monitor the implementation and oversee the compliance of Information Governance. The SIRO provides Information Governance assurance to the Trust Board by way of a quarterly report.

5 Main Body of Policy

Adoption

Notification of a change of identity due to an adoption can be received from the following areas within the organisation: Merge Team within the Clinical Systems, Safeguarding, Wards and Outpatient Departments.

Notifications can also be received from the Local Authority. Please refer to the flowchart on the next page for the process to follow (this process refers to closed adoptions):


Patient has been identified as being adopted
A completed iPM adoption notification form on Outlook is sent to the Health Records Support Officer (HRSO) via: plh-tr.casenotemgtqueries@nhs.net
HRSO - Does the patient have an existing iPM record?
No
No further action
Yes (if patient has been issued with a new NHS number then follow the new iPM record flow and amend the old patient record as detailed in the Old iPM record flow)
New iPM record
Old iPM record
HRSO to check if the patient has been registered with the new NHS number on iPM, if not then this is actioned using SCR if necessary
HRSO to add an alert to the new hospital number on iPM stating 'Previous records exist for this patient under hospital number..... Contact HRSO for further information'
Create new health record folder, raise volume on iPM, print frontsheet, labels, file a Change of Identity cover sheet on top of the frontsheet with the old hospital number noted on it and add an alert. Please refer to APN Recording Alerts
Trace new health record on iPM and pass to Prefile for filing in store
HRSO to update old patient record on iPM. Anonymise the record by removing address and GP
HRSO to check if patient has any appointments or admissions booked on this record. If yes then HRSO need to contact iPM user who booked the appointment/admission informing them to rebook under the new NHS and hospital number
HRSO to add an alert to iPM stating 'Archived Record – For internal use only. No new information to be added. Contact HRSO for further information.'
Does the patient have an existing health record? Note: the health record may be electronic or paper
Yes
No
HRSO obtain all volumes of the patients old health record and close all volumes on iPM in the volume status field and add closed volume stickers to all volumes
Do not create a new document volume on iPM or a health record folder.
Add Change of Identity cover sheet to the front of all volumes of the health record folder referring to the patients new hospital number, add an alert sticker and write the alert on the inside of the cover. Please refer to APN Recording Alerts
Trace all volumes of the old health record on iPM and pass to Prefile for filing back in store. These records can then be requested if needed for reference purposes
HRSO to record old and new NHS number, hospital numbers and patients name on Change of Identity spreadsheet on HealthRecSup drive
HRSO will notify the Safeguarding Team via: plh-tr.safeguarding@nhs.net every time this process is completed with the patients details
HRSO will review the spreadsheet on a monthly basis and ensure this policy is being followed

There are occasions where a child is adopted and their NHS number may not be changed (open adoption). It may be that only their name or address is changed and their existing NHS number, hospital number and existing health record is still appropriate. Please refer to APN Checking Patients Details and Reception of Patients if you need support with how to update their information.

With the forthcoming implementation of eNotes this process will be revised and updated accordingly.

6 Overall Responsibility for the Document

The Director of IM&T is responsible for ratifying this document. The Head of Health Records and eNotes Implementation has responsibility for the dissemination, implementation and review of this document.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of two years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Caldicott and Information Governance Assurance Committee and ratified by the Director of IM&T.

Non-significant amendments to this document may be made, under delegated authority from the Director of IM&T, by the nominated owner. These must be ratified by the Director of IM&T.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of IM&T and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Compliance with this policy shall be monitored and any incident of this policy not being followed will be reported via the Trust's Datix system. The Head of Health Records and eNotes Implementation should be notified of any 'near misses' where the Health Records Support Officer receives a request for records to be processed in a manner inconsistent with this policy.

Disclosures of health records which occur in contravention of this policy should be treated as a data protection breach in line with the Trust's Information Governance policies.

The details of the patients this policy has been applied to will be retained. Quality checks will be run monthly by the Health Records Support Officer to ensure 'closed' health records are no longer being inappropriately accessed and if requested have been used for reference only. The results of these checks will be reported to the Clinical Reference Group and Caldicott and Information Governance Assurance Committee.

The Central Records Library Manager will monitor national and local developments that may affect this policy.

10 References and Associated Documentation

Data Protection Act (1998)
http://www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1

Records Management: NHS Code of Practice for Health and Social Care (2016)
https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care

Confidentiality: NHS Code of Practice DoH (2003)
https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice

Dissemination Plan and Review Checklist | Appendix 1

Dissemination Plan			
Document Title	Change of Identity Policy for Adopted Patients		
Date Finalised	16th April 2018		
Previous Documents			
Action to retrieve old copies	First version		
Dissemination Plan			
Recipient(s)	**When**	**How**	**Responsibility**
All Trust staff	April 2018	IG StaffNet Page	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
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
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Equalities and Human Rights Impact Assessment | Appendix 2

Core Information	
Date	16th April 2018
Title	Change of Identity Policy for Adopted Patients
What are the aims, objectives & projected outcomes?	This policy is designed to highlight to staff the process to follow for updating patients' information for those who change their identity through an adoption.

Scope of the assessment
This policy highlights the following: • Protection of the adoption • Confidentiality • Continuity of clinical records • Protection of third party information

Collecting data	
Race	This is mitigated as the policy can be made available in alternative languages.
Religion	The document has no impact in this area.
Disability	This is mitigated as the policy can be made available in alternative formats.
Sex	The document has no impact in this area.
Gender Identity	The document has no impact in this area.
Sexual Orientation	The document has no impact in this area.
Age	The document has no impact in this area.
Socio-Economic	The document has no impact in this area.
Human Rights	The document has no impact in this area.
What are the overall trends/patterns in the above data?	There are no trends/patterns in this data.
Specific issues and data gaps that may need to be addressed through consultation or further research	Trust wide documents can be made available in a number of different formats and languages if requested.

Involving and consulting stakeholders	
Internal involvement and consultation	
External involvement and consultation	External consideration has been given to current guidance available from the Records Management Code of Practice for Health and Social Care 2016.

Impact Assessment	
Overall assessment and analysis of the evidence	

Action Plan

Action	Owner	Risks	Completion Date	Progress update

Health Record Cover sheet for closed volume– CHANGE OF IDENTITY

Archived Record – For internal use only. No new information to be added.

This record is a closed health record under a previous identity held by this patient.

Clinicians should consider carefully whether it is appropriate to disclose the information held in this record to the patient or their carer/s.

If you are concerned someone has requested access inappropriately please contact the Health Records Support Officer via: casenotemgtqueries@nhs.net

Health Record Cover sheet for new volume created– CHANGE OF IDENTITY

This record has prior medical history which is held in a closed health record under the hospital number of .....

Clinicians should consider carefully whether it is appropriate to disclose the information held in this record to the patient or their carer/s.

If you are concerned someone has requested access inappropriately please contact the Health Records Support Officer via: casenotemgtqueries@nhs.net