ELECTRONIC RECORDS SCANNING PROCEDURE

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KEY CHANGES FROM PREVIOUS VERSION | Created processes for uploading records to the relevant clinical systems
AUTHOR | Records Manager
CONSULTATION | Information Governance Steering Committee, Paris Project Board, Mobius Project Board
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OPERATIONAL POLICY SUMMARY
These procedural guidelines aim to ensure that there is a consistent approach to the scanning and Quality Assurance (QA) processes in relation to the uploading of information/data within Clinical Systems (Paris in North and Mobius in South). Please note this does not include SystmOne

The Trust monitors the implementation of and compliance with this operational policy in the following ways;
The destruction process is audited and monitored via external auditors and reports produced for the Information Governance Steering Committee (IGSC).

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The Director responsible for monitoring and reviewing this policy is Executive Chief Finance Officer
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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ELECTRONIC RECORDS SCANNING PROCEDURE

Assurance Statement

These procedural guidelines aim to ensure that there is a consistent approach to the scanning and Quality Assurance (QA) processes in relation to the uploading of information/data within Clinical Systems (Paris in North and Mobius in South only – does not include SystmOne).

1.0 INTRODUCTION

1.1 The Trust has implemented electronic Clinical systems, which underpin its health record management strategy.

1.2 Electronic health records are accessible 24 hours a day, 7 days a week and as such enhance the quality of records management for both health and social care records.

1.3 There are a number of benefits to be gained from a paper-lite strategy

- Improves patient care – easy and quick access to records 24 x 7
- Reduces filing / storage space by the removal of existing filing racks and cabinets freeing up space for other purposes
- Central record of relevant files
- Meets the health and safety and legislative and other storage criteria set for NHS organisations
- Improves Trust wide access to files and documents
- Reduces the incidences of lost / missing files and provides concrete disaster contingency
- Moves the Trust in the direction of full electronic health records

2.0 PURPOSE

2.1 These guidelines detail the procedures to be followed for the scanning, quality assurance check and destruction of scanned documents.

3.0 LEGAL POSITION

3.1 Electronic records / documents are now accepted in a court of law as legal records according to BS: 10008 (Legal Admissibility and Evidential Weight of Information).
4.0 **RESPONSIBILITY**

4.1 As with paper records and in line with Records Management Policy / Procedures CP9/CPG9 the Executive Chief Finance Officer is responsible for Trust wide and strategic management of records. In addition the Trust has nominated officers (Trust Head of Electronic Systems/Records and the Records Manager) responsible for ensuring compliance with Trust policy and for ensuring records are stored and destroyed in line with Trust policy.

4.2 All staff are responsible for the management of records within their area of activity irrespective of media.

4.3 All staff that scan will need to ensure they have had training and are signed off as competent as per the training framework.

5.0 **PRESERVATION OF RECORDS**

5.1 Electronic records are much easier to manage in line with the Information Governance Alliance Records Management Code of Practice for Health and Social Care 2016. Electronic systems can be set to destroy, follow manual prompting or automatically in line with required timescales. For those documents which require permanent preservation the quality of the records will be much better preserved electronically than the traditionally paper record to support specific organisational historical data, research, etc.

6.0 **ACCESS CONTROL**

6.1 New staff must sign up to and abide by the Trusts security, confidentiality and data protection policies.

6.2 The line manager must authorise the access to PC systems and Clinical systems.

6.3 System administrators will set up new users with their own unique username and password for the Clinical Systems Mobius and Paris (also WinDip in South) in order for access to be activated for retrieval of electronic records.

6.4 Active directory will maintain the users of Clinical Systems and Laserfiche once the system administrators have activated their account.
7.0 PREPARATION TO SCAN

7.1 All staff **must** be fully trained by the System Administrators/Champions/Trainers – this will include the preparation of documents for scanning.

7.2 Documents will require prepping prior to any scanning process taking place. This means that the following work has to be carried out:

- Removal of any paper clips, staples, etc.
- Removal of any Post It notes – where these contain information pertinent to the record they should be place on a blank sheet of paper and scanned individually – no text should be covered or deemed to be covering.
- Validation of patient / staff details within records – to ensure no misfiling has taken place.
- Any torn/damaged paperwork must be taped together
- Relevant sheets added depending on any issues found (Appendices 3, 4, 5 and 6)
- For each batch of scanning completed the originals should be sent securely together with the completed Scanning Front Cover sheet attached (appendix 1) to Medical Records MHU Basildon.

8.0 MANUAL SCANNING PROCEDURE

Please see Trust Intranet for Scanning procedure for Paris on the Paris page
Please see Trust Intranet for Scanning procedure for Mobius on the Mobius page

9.0 QUALITY ASSURANCE

Acceptance

9.1 This procedure is to be carried out against a minimum of 5% of documents from each scanned batch.

9.2 View each image for completeness and quality.

9.3 If there is any discrepancy or a problem with the images, as defined below, record the details and complete procedure as detailed below.

9.4 Once scanned, files will be kept in secure storage until the required quality assurance checks have been completed and validated (**see Quality Assurance Form, Appendix 2**).
Definition of Discrepancies

9.4 Image partially or completely obscured – Image found to have another document attached to it that obscures all or part of one or other of the documents.

9.5 Folded documents – Images with evidence that the original document was folded.

9.6 Partial loss of image – Images with evidence that they have loss data on any paper edge.

9.7 Illegible documents – Images for which the content may be partly or wholly unreadable.

9.8 Double scanned – where more than one page or document has been taken through the scanner and appended to the record

9.9 Missing pages – where this has been identified the scanning procedure should ensure the inclusion of a statement – see appendix 6

Remedial Action

9.10 In the course of carrying out the defined procedure, should a circumstance as described above occur the following remedial actions would be undertaken.

9.11 Image Partially or Completely Obscured

9.12 Where an image is found to have another document attached to it that obscures all or part of one or other of the documents additional documents should be checked using the procedures as described above.

Folded Documents

9.13 Images with evidence that the original document was folded may or may not result in loss of data from the final image.

9.14 Acceptance of under 2% of images with no evidential loss will be accepted but recorded.

9.15 Loss of image data through folding of original documents will be verified against quality of original documentation. Where documentation is of low or poor quality due to storage or age deterioration or similar condition, acceptance of minimal loss will be made.
9.16 Where loss of data is not defined as above, the single affected
documents should be re-scanned following the documented
procedures for such necessary action.

Illegible Documents

9.17 Images for which the content may be partly or wholly unreadable
may have been as a consequence of poor or illegible original
documentation.

9.18 Where this has been identified the scanning procedure should
ensure the inclusion of a statement (see Appendix 3, 4 or 6)
declaring the document status.

9.19 Where documents are identified as possibly subject to
improvement through re-scan the single affected document/s (as
appropriate) should be re-scanned following the documented
procedures for such necessary action.

10.0. REFERENCE TO OTHER POLICIES AND PROCEDURES

When processing records in any capacity, reference should be made to any
Trust policies relating to records as well as to local and professional guidance.

Other documentation will include:

- Structure and Content of health/Social Care Records
  (CPG9a)
- Confidential Waste Procedure
- Storage retention and Destruction(CPG9c)
- Misplaced Clinical Records Procedure (CPG9e)
- Training framework procedure

11.0. MONITORING

The monitoring of this procedure will be through each of the electronic systems
respective project boards and through IGSC and CSSG. However the overall
responsibility will be that of the Head of Electronic Systems/Records.