

Access to Health Records Policy (N-011)

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| Version Number: | 11.01 |
| Author (name & job title) | Karen Robinson, Information Governance Officer |
| Executive Lead (name & job title): | Hilary Gledhill, Executive Director of Nursing, Quality and Patient Experience Caldicott Guardian |
| Name of approving committee: | Audit Committee |
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Policies should be accessed via the Trust internet to ensure the current version is used.

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1. INTRODUCTION

The aim of this policy is to describe how the Trust will deal with a request to access a health record from an individual patient or their representative e.g. a solicitor.

The Trust aims to provide ease of access to patients while being able to demonstrate compliance with the Data Protection Act 2018 and UK General Data Protection Regulation.

The Trust encourages health professionals to give informal access to their patients where possible, as described in Section 5.2.

All employees are expected to recognise a request for information from a patient and understand to whom a request should be directed. Staff responsibilities are defined in Section 4.

2. SCOPE

This policy applies to all employees of the Trust, including all staff who are seconded to the Trust, contract, voluntary, temporary and agency staff and other people working on Trust premises. This includes members of staff with an honorary contract or paid an honorarium.

3. DEFINITIONS

A health record is defined in the Data Protection Act 2018 as being any record which consists of data concerning health and has been made by or on behalf of a health professional in connection with the diagnosis, care or treatment of the individual to whom the data relates.

Data concerning health means personal data relating to the physical or mental health of an individual, including the provision of health care services, which reveals information about his or her health status.

4. DUTIES AND RESPONSIBILITIES

Chief Executive

The Chief Executive has overall responsibility for the effective implementation of this policy.

Head of Legal Services and Information Governance, Data Protection Officer

The Head of Legal Services and Information Governance, Data Protection Officer will oversee the operation of the Access to Records policy and procedure.

Medical Records Administration Manager

The Medical Records Administration Manager will:

- Co-ordinate all formal requests made by patients or their representatives for access to health records.
- Assist patients to complete the application form, where necessary.
- Only release records upon written confirmation that the records have been reviewed by a health professional.

Team Leader

Team Leaders will allocate the request to the most appropriate health professional in the team. As defined by the Data Protection Act 2018, this will be:

- The health professional who is currently or was most recently responsible for the diagnosis, care or treatment of the data subject in connection with the matters to which the data relates,
- Where there is more than one such health professional, the health professional who is the most suitable to provide an opinion on the question, or

- If the appropriate health professional is unavailable, a health professional who has the necessary experience and qualification to provide an opinion on the question.

Allocated Health Professional

The Health professionals allocated to the request will:

- Highlight any information to be withheld from the request as a result of the exemptions detailed in 5.5
- Highlight any apparent errors in the record e.g. documents relating to another patient that have been filed in the wrong record.
- Seek the views of other health professionals involved in the care of patient if necessary.
- Respond to any specific questions raised by the patient in relation to aspects of their care or treatment as result of the access to records requests.

All health professionals

- Health professionals will deal with informal access to their own records, as described in Section 5.2.
- At the time information is recorded within a record, health professionals will specifically mark any information that should not be disclosed due to the exemptions defined in Section 5.5 of this policy.

Employees

All employees will:

- Direct informal requests for information to the health professional concerned.
- Direct formal requests to the Medical Records Administration Manager.

Under no circumstances should any member of staff attempt to process a formal request for information.

5. PROCESS

5.1. Legislation

Subject to certain exemptions the following pieces of legislation allow access to health records: -

Data Protection Act 2018 and UK General Data Protection Regulation

Under this legislation, individuals are entitled to: -

- Confirmation that their data is being processed
- A copy of their personal data
- Have these records explained if they are unintelligible.

Where the data subject makes the request by electronics means, the information shall be provided electronically, unless otherwise requested by the data subject.

When making a subject access request, the individual must be informed of:

- The purposes of the processing
- The categories of personal data concerned
- The recipients or categories of recipient to whom the personal data have been or will be disclosed, in particular recipients in third countries or international organisations
- The retention period for which the personal data will be stored
- The existence of rights regarding rectification or erasure of personal data or restriction of processing of personal data
- The right to lodge a complaint with a supervisory authority
- Any details regarding the source of the personal data.

- The existence of automated decision making

Information shall be provided to the data subject without undue delay and within one month of receipt of the request. This may be extended by two further months where necessary, taking into account the complexity and number of requests. Data subject must be informed of any such extension within one month of receipt of the request, together with a reason for the delay.

Health Professionals working in a private capacity e.g. to provide a second opinion for legal purposes must follow process outlined in 5.2 prior to accessing a patient's health record.

Access to Health Records Act 1990

The Act has been superseded by the Data Protection Act except with regard to deceased persons. A deceased patient's personal representative and any person who may have a claim arising out of the patient's death may have access to a patient's health record. Only information directly relating to a claim arising from the patient's death may be released.

If records have been created or added to in the 40-day period immediately preceding the request for access, the record must be provided within 21 days. Access must be given within 40 days for all other records.

Freedom of Information Act 2000

The Act provides individuals with the right to access recorded information held by a public authority, subject to certain conditions and exemptions. For further information, please see Freedom of Information Policy and Procedure. Requests should be forwarded to hnf-tr.hftfoi@nhs.net

Mental Health Act 1983

Patients detained under the 1983 Mental Health Act have the right to be legally represented at Tribunals and Managers' Hearing. The "Procedure for disclosure of notes to client's Solicitors" should be followed in relation to the release of psychiatric and learning disability records to the patient's solicitor see Appendix 1.

Under Section 130B of the Mental Health Act 1983, for the purpose of providing help to a qualifying patient, Independent Mental Health Advocates (IMHAs) may require the production of and inspect any records relating to a patient's detention or treatment in any hospital or registered establishment or to any after-care services provided for the patient under Section 117 of the Act. IMHAs may also require the production of and inspect any records of or held by, a local social services authority, which relate to the patient. Such requests will be dealt with by the Mental Health Legislation Administrator following the Department of Health "Independent Mental Health Advocates – Supplementary Guidance on access to patient records under Section 130B of the Mental Health Act 1983" available at:

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/publications/PublicationsPolicyAndGuidance/DH_098828

Access to Medical Reports Act 1988

Guidance for clinicians about this Act is available in Appendix 4 of this policy.

5.2. Access

Informal Requests

Good practice encourages health professionals to share their own professional information with the patient under their care.

When dealing with an informal request, health professionals will:

- Withhold any information described in Section 5.5.
- Make a note in the patient's record that access has been provided.
- Withhold information recorded by other health professionals, at this stage, unless they have agreed to the disclosure.

Formal Requests

All requests that do not relate to a current episode of care should be directed to the Medical Records Administration Manager as soon as possible.

Requests can be made electronically (HNF-Tr.S-A-R@nhs.net), verbally or in writing. For the benefit of the individual and the Trust, a standard form has been devised, see Appendix 2. A supporting leaflet is also available in Appendix 5.

Requests made by email will be responded to by email unless the patient requests a hard copy.

5.3. Persons with right of access

The following persons are entitled to access health records:

- The patient
- Any person acting on behalf of the patient, providing the patient has provided written authorisation e.g. solicitor, clinician seeing the patient in a private capacity
- A person with parental responsibility for a child, as described in Appendix 3 providing this is not contrary to the child's best interests or a competent child's wishes
- A child providing that, in the view of the health professional, the child is capable of understanding what the application is about
- A person appointed by a court to manage the affairs of a patient who is incapable of managing his or her own affairs. Only the information needed for the person to carry out his or her functions may be disclosed
- A deceased patient's personal representative and any person who may have a claim arising out of the patient's death.

5.4. Access to records containing information from a local authority

Where the Trust holds records containing information from a Local Authority, the Trust will provide access to that information unless an exemption applies. Professionals from Local Authorities contributing to the content of the record will be consulted prior to disclosure.

5.5. Exemptions

Information will be withheld from the applicant if:

- The data would be likely to cause serious harm to the physical or mental health of the data subject or another individual.
- The information identifies a third party and they have not consented to the disclosure. The Trust must supply as much information as possible without revealing the identity of the third party. This does not apply to a health professional that has compiled or contributed to the health record or has been involved in the care of the patient.
- Where the request has been made on behalf of the patient, results of examinations or investigations should be withheld if the patient expects the results to remain confidential.
- Where, in the case of deceased patients, there is a note made in the record that he or she did not wish access to be given or it is information which you believe the patient would have felt particularly sensitive about and would not have expected to be disclosed.
- The records are subject to legal professional privilege.
- The information relates to the keeping or use of gametes or embryos or pertains to an

- individual being born as a result of in vitro fertilisation.
- The disclosure is prohibited by law e.g. adoption records.
- The information is restricted by order of the courts.

Health Professionals must be able to justify withholding information and must also record the decision.

5.6. Fees

A fee will not be charged for subject access requests.

A reasonable fee may be charged if further copies of the same information are requested or when a request is manifestly unfounded or excessive, particularly if it is repetitive. Any fee charge will be based on administrative cost only.

5.7. Inaccuracies

Article 5 (1)(d) of the General Data Protection Regulation requires personal data to be accurate and, where necessary, kept up to date.

If patient reports factually inaccurate information and the health professional agrees that it is inaccurate then the record must be amended appropriately. If the health professional does not agree, a note should be made in the relevant part of the record stating the patient's view.

An opinion or judgement recorded by a health professional, whether accurate or not will not be amended subsequently. Retaining relevant information is essential for understanding the clinical decisions that were made and to audit the quality of care.

In cases where the health professional agrees with the patient, the record will be endorsed in line with professional body guidelines.

In cases where the health professional does not agree with the patient or the information has been received from a third party a note should be made in the relevant part of the record stating the patient's opinion.

Consideration should also be given to whether it is appropriate to note any inaccuracies in any associated records. A copy of any corrections or notes should be supplied to the patient.

The timescale for responding to requests is one month, this may be extended by two further months where necessary, taking into account the complexity and number of requests.

5.8. Retention

All paperwork relating to subject access requests will be held for 3 years after closure of the request. Where there has been an appeal, the paperwork will be held for 6 years after closure of the request.

5.9. Complaints

If an applicant has any concerns regarding their application, their request will be reviewed by a member of the Information Governance Team. If the applicant remains dissatisfied, their request will be reviewed by the Data Protection Officer.

Applicants may complain through the Trust's complaints procedure if they are dissatisfied with the outcome of their application.

6. CONSULTATION

Consultation has taken place with Medical Records, Mental Health Legislation and the Information Governance Group.

7. IMPLEMENTATION AND MONITORING

The Medical Records Administration Manager will monitor progress of all requests to ensure that the one-month time limit is met. In the event of a possible delay the Medical Records Administration Manager will liaise immediately with an Information Governance Officer or Head of Legal Services and Information Governance.

Requests that are not completed within one month will be reported to the Head of Legal Services and Information Governance and reported as an adverse incident on Datix.

The number of requests received and compliance with the legal time frame will be recorded and reported to the Information Governance Group on a quarterly basis.

8. TRAINING AND SUPPORT

This policy will be covered in all face to face Information Governance Training.

Legislative requirements for Access to Records will be covered in Information Governance e-learning packages.

Support and advice regarding this policy is available from the Information Governance Team.

9. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA.

10. REFERENCE TO ANY SUPPORTING DOCUMENTATION

Data Security Standard 1 of the NHS Digital Data Protection and Security Toolkit.

[Access to health records \(bma.org.uk\)](http://bma.org.uk)

[Subject Access Requests - NHS Transformation Directorate \(england.nhs.uk\)](http://england.nhs.uk)

[Access to the health and care records of deceased people - NHS Transformation Directorate \(england.nhs.uk\)](http://england.nhs.uk)

Appendix 1: Mental Health Review Tribunals and Managers' Hearings – Procedure for Disclosure of Notes to Client's Solicitors

Introduction

Clients detained under the 1983 Mental Health Act have the right to be legally represented at Tribunals and Managers' Hearings. This procedure should be followed in relation to the release of psychiatric or learning disability records to the client's solicitors.

Process

1. As soon as a member of staff is notified that a solicitor has been appointed the Ward Manager, Consultant Psychiatrist and Mental Health Act Administrator should be informed.
2. Once written consent from the client authorising access to his/her records is received from the solicitor this information will be conveyed to the Ward Manager, Consultant Psychiatrist and Mental Health Act Administrator.
3. When access is given, if there is information held within the notes that could adversely affect the health of the **client** or the **welfare of others** then this should be highlighted to the solicitor by the professional concerned. [Mental Health Review Tribunal Rules 1983 Section 12 (2) (3)]. In most instances the solicitor will only want access to the most recent notes. This could include the section papers, clinical and multi-disciplinary notes as well as any discharge plans that have been made.
4. When the solicitor makes contact to view the records, then the records and an appropriate quiet area should be made available. On most occasions the solicitor will contact the unit to make an appointment. There are times when this could be at short notice.
5. If the solicitor requires photocopies of certain pages or entries this should be facilitated locally at the time of the visit. If more detailed photocopying is required then it should be explained to the solicitor that there will be a few days delay in order for staff to arrange this. Original records must never leave Trust premises.
6. The Trust will follow The First-tier Tribunal (Health, Education and Social Care Chamber) Mental Health, Directions Before Hearing dated 25/03/2020. Requests will be processed on receipt of a CNL1 rather than a written form of consent. Mental Health Legislation will request an extract of the patient record from the Medical Records Team, specifying the timescale requested. This will be supplied to the legal representative using the [secure] encrypted email function within NHSmail. Information will be highlighted in line with paragraph 3 above.

NB: This procedure only applies to Tribunals and Managers' Hearings and does not relate to any other request for access to records.

References: Mental Health Review Tribunal Rules
 Mental Health Act Code of Practice
 Human Rights Act (1998)

Appendix 2: Application to Access Personal Health Records

For the latest form, please see

<https://www.humber.nhs.uk/downloads/Data%20Protection%20and%20IG/Access%20to%20Health%20Records%20Form.pdf>

Appendix 3: Parental Responsibility

This guidance (below) regarding who has parental responsibility is taken from: - http://www.direct.gov.uk/en/Parents/ParentsRights/DG_4002954

A mother automatically has parental responsibility for her child from birth.

A father usually has parental responsibility if he's either:

- married to the child's mother
- listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)

You can apply for parental responsibility if you do not automatically have it.

Births registered in England and Wales

If the parents of a child are married when the child is born, or if they've jointly adopted a child, both have parental responsibility. They both keep parental responsibility if they later divorce.

Unmarried parents

An unmarried father can get parental responsibility for his child in 1 of 3 ways:

- jointly registering the birth of the child with the mother (from 1 December 2003)
- getting a parental responsibility agreement with the mother
- getting a parental responsibility order from a court

Births registered in Scotland

A father has parental responsibility if he's married to the mother when the child is conceived, or marries her at any point afterwards.

An unmarried father has parental responsibility if he's named on the child's birth certificate (from 4 May 2006).

Births registered in Northern Ireland

A father has parental responsibility if he's married to the mother at the time of the child's birth.

If a father marries the mother after the child's birth, he has parental responsibility if he lives in Northern Ireland at the time of the marriage.

An unmarried father has parental responsibility if he's named, or becomes named, on the child's birth certificate (from 15 April 2002).

Births registered outside the UK

If a child is born overseas and comes to live in the UK, parental responsibility depends on the UK country they're now living in.

Same-sex parents:

Civil partners

Same-sex partners will both have parental responsibility if they were civil partners at the time of the treatment, eg donor insemination or fertility treatment.

Non-civil partners

For same-sex partners who are not civil partners, the 2nd parent can get parental responsibility by either:

- applying for parental responsibility if a parental agreement was made
- becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth

Appendix 4: Access to Medical Reports Act Guidance

INTRODUCTION

The Act gives patients the right to see medical reports that are written about them by their doctor for employment or insurance purposes. This Act does not relate to a report written by a doctor who has never treated the person and is acting for the insurer or employer. This would be covered by the Data Protection Act and the Access to Health Records Act should be followed.

INDIVIDUAL'S RIGHTS UNDER THE ACT

- Withhold consent to seek the medical report.
- Have access to the report either before it is sent or up to six months after it is sent.
- Request the amendment of inaccuracies in the report.
- Append the report with a statement of their views if the amendments are not agreed with the doctor.
- Withdraw consent after seeing the report

PROCEDURE

A doctor writing a report under the Act must: -

- Ensure that consent has been given by the patient.

NB. In cases where the patient lacks capacity, a person with Lasting Power of Attorney or a Deputy Appointed by the Court of Protection may authorise the report. If the patient does not have an LPA or a Deputy, information should only be released if there is a legitimate need for the information and it would be in the best interests of the adult. The Mental Capacity Act 2005 Policy, Procedure and Guidance should be followed in these instances. This is available on the Intranet under <http://intranet.humber.nhs.uk/resources/mental-capacity-act-2005.htm>. The assessment of capacity must be recorded on the "Capacity Form" and the "Best Interest Decision Form" should be used to document the best interest decision.

- At the request of the patient, provide access to report before it is sent. If access is requested, the report must not be sent unless the patient has seen and agreed the report or a 21-day period has elapsed.

NB. A patient can make a request for access after consent has been given. If the report has not yet been sent, please wait to send the report until the patient has seen it or a 21 day period has elapsed since the request was made.

- Reports may be amended if you agree with the patients comments. Alternatively, their views may be appended to the report. However, you must not comply with a patient's wishes to leave out relevant information from the report. If a patient refuses to give permission for certain relevant information to be included, the doctor should indicate to the applicant that he or she cannot write a report, taking care not to reveal any information the patient did not want revealed
- Fees may be charged for this work. Schedule 10 and 11 of the BMA Fees for part time medical services applies when this fee must be paid to the Trust. [Fees for consultant contract schedules 10 and 11 \(bma.org.uk\)](#)
- Information may be withheld from the patient if it would cause serious harm to the mental or physical health of the patient or if it would reveal information about a third party. The patient should be informed and the rest of the report should be made available.

Further references

[Access to Medical Reports - BMA September 2019](#)

Contacts

If you have any queries regarding the guidance, please contact the Information Governance Team on 01482 477854 or 477856

Appendix 5: Patient Information Leaflet

For the latest leaflet, please see

<https://www.humber.nhs.uk/downloads/Data%20Protection%20and%20IG/How%20to%20access%20your%20health%20records.pdf>

Appendix 6: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Access to Records Policy
2. EIA Reviewer (name, job title, base and contact details) Karen Robinson, Information Governance Officer, Mary Seacole Building, 01482 477856
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service

The purpose of this policy is to describe how the Trust will deal with a request to access a health record from an individual service user or on behalf of an individual service user e.g. a solicitor.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

| | | |
|---|--|--|
| Equality Target Group Age Disability Sex Marriage/Civil Partnership Pregnancy/Maternity Race Religion/Belief Sexual Orientation Gender re-assignment | Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red) | How have you arrived at the equality impact score? who have you consulted with what have they said what information or data have you used where are the gaps in your analysis how will your document/process or service promote equality and diversity good practice |
|---|--|--|

| Equality Target Group | Definitions | Equality Impact Score | Evidence to support Equality Impact Score |
|-----------------------------------|---|-----------------------|--|
| Age | Including specific ages and age groups: Older people Young people Children Early years | Low | The policy takes into account those who lack capacity, the policy is clear about the authorisation required from applicants who are applying on someone lacking behalf of in capacity. Assistance will be provided to anyone with difficulty completing the application form. |
| Disability | Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (and including cancer, HIV, multiple sclerosis) | Low | As above |
| Sex | Men/Male Women/Female | Low | As above |
| Marriage/Civil Partnership | | Low | As above |

| Equality Target Group | Definitions | Equality Impact Score | Evidence to support Equality Impact Score |
|-----------------------------|---|-----------------------|---|
| | | | |
| Pregnancy/ Maternity | | Low | As above |
| Race | Colour Nationality Ethnic/national origins | Low | As above |
| Religion or Belief | All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief | Low | As above |
| Sexual Orientation | Lesbian Gay Men Bisexual | Low | As above |
| Gender re-assignment | Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex | Low | As above |

Summary

| | |
|--|---------------------------|
| Please describe the main points/actions arising from your assessment that supports your decision above | |
| There is no evidence of potentially negative effect on groups in the categories above. No issues have been identified within Medical Records of any of the above groups facing difficulty in accessing their medical record. | |
| EIA Reviewer – Karen Robinson | |
| Date completed: 5 March 2021 | Signature: Karen Robinson |

Appendix 7: Document Control Sheet Template

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

| | | | |
|--|--|--|--|
| Document Type | Policy | | |
| Document Purpose | This policy describes how the Trust will deal with a request to access a health record from an individual patient or their representative e.g. a solicitor. | | |
| Consultation/ Peer Review: | Date: | Group / Individual | |
| <i>list in right hand columns consultation groups and dates - ></i> | | Initial policy consultation: Associate medical Directors, Clinical Leads, Senior Managers and Professional leaders. Medical Records Department, Safeguarding Team and Mental Health Legislation | |
| | March 2018 | Information Governance Group | |
| | March 2021 | Medical Records, Mental Health Legislation and the Information Governance Group. | |
| | | | |
| Approving Committee: | Audit Committee | Date of Approval: | May 2021 |
| Ratified at: | Trust Board | Date of Ratification: | 23 May 2018 |
| Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i> | Information Governance Training will be updated to reflect the changes in policy. This policy does not require additional training. | Financial Resource Impact | Fees will no longer be charged for the subject access request. |
| Equality Impact Assessment undertaken? | Yes [<input checked="" type="checkbox"/>] | No [<input type="checkbox"/>] | N/A [/] Rationale: |
| Publication and Dissemination | Intranet [/] | Internet [] | Staff Email [/] |
| Master version held by: | Author [<input checked="" type="checkbox"/>] | HealthAssure [] | |
| Implementation: | <i>Describe implementation plans below - to be delivered by the Author:</i> | | |
| | Implementation will consist of: Ratified policy to be shared with Executive Directors for sharing across directorates and with lead authors highlighting the new process All staff email highlighting the key changes with a link to the full policy | | |
| Monitoring and Compliance: | Monitoring and compliance of the policy will be evidenced through the Quarterly IG Monitoring Report presented to the IG Group. | | |

| Document Change History: | | | |
|--|--|----------|---|
| Version Number / Name of procedural document this supersedes | Type of Change i.e. Review / Legislation | Date | Details of Change and approving group or Executive Lead (if done outside of the formal revision process) |
| | Review | 24/07/02 | Original version ratified by Trust Management Team. |
| | Review | 07/12/09 | Ratified by Governance Committee |
| 8.00 | Review | 03/10/11 | Major changes reviewed and re-written |
| 9.00 | Review | March 15 | The roles of Safeguarding Administrators and Team Leaders added to Section 4. Role of health professional split into Allocated Health Professional and All Health Professionals in Section 4. Remove the word illegible from 5.1.1. Remove the link in Appendix |

| | | | |
|--------------|---------------------|---------------------|---|
| | | | <i>3 to the BMA and ABI form as this has been withdrawn by BMA. Paperwork retention period added. Update job titles and links.</i> |
| <i>10.00</i> | <i>Review</i> | <i>March 2018</i> | <i>Reviewed in line with Data Protection Act 2018 and General Data Protection Regulation (GDPR) which come in to force on 25th May 2018.</i> |
| <i>11.00</i> | <i>Review</i> | <i>March 2021</i> | <i>References to EU GDPR updated to UK GDPR. Updated job titles and guidance links. Updated the retention period for paperwork and included the timescales for dealing with inaccuracies. Included the format in which records will be provided, including the option for a hard copy on request Appendix 1 updated with current tribunal rules. Appendix 2 updated with link to current Application Form. Appendix 3 updated in line with the latest gov.uk guidance on parental responsibility. Appendix 4 updated in line with the latest BMA Guidance on Medical Reports. Minor updates to the patient leaflet.</i> |
| <i>11.01</i> | <i>Minor update</i> | <i>October 2022</i> | <i>Exemption regarding deceased records expanded. References to NHS Transformation Guidance added. Appendix 5 updated with a link to the latest leaflet.</i> |