MANAGEMENT OF MEDICAL RECORDS/INFORMATION FOR CHILDREN WHO ARE ADOPTED - POLICY

	POLICY
Reference	IG/004
Approving Body	Safeguarding Steering Group
Date Approved	7th October 2019
Issue Date	October 2019
Version	1
Summary of Changes from Previous Version	New policy
Supersedes	N/A
Document Category	Governance
Consultation Undertaken	This policy was disseminated to relevant Safeguarding Steering Group members, IG leads, SFHFT Children and Young People Board and Community Paediatrics Lead, Clinical System Leads and to all Patient Admin Services via the relevant Business Units. Final approval was via the Safeguarding Steering Group.
Date of Completion of Equality Impact Assessment	24/9/19
Date of Environmental Impact Assessment (if applicable)	24/9/19
Legal and/or Accreditation Implications	Adoption and Children's Act 2002 Children Act 1989 and 2004 Data Protection Act 1998
Target Audience	All health care professionals and their admin and clerical support, involved with children who have been legally adopted or those in a prospective adoptive placement prior to legal adoption.
Review Date	24/9/2022 *Extended to 30/03/2023*
Sponsor (Position)	Chief Nurse
Author (Position & Name)	Head of Safeguarding & Head of Information Governance
Lead Division/ Directorate	Corporate
Lead Specialty/ Service/ Department	Safeguarding
Position of Person able to provide Further Guidance/Information	Head of Safeguarding and/or Head of Information Governance
Associated Documents/ Information		**Date Associated Documents/ Information was reviewed**
N/A		

CONTENTS

1.0 INTRODUCTION

This policy will outline the accountability and responsibility for healthcare staff working with the health records of children in care who are placed for adoption, and those children who are legally adopted. This policy will be updated if the national legal recommendations are changed.

2.0 POLICY STATEMENT

The SFHFT will undertake to ensure the confidentiality of children and young people who have been placed for adoption and who have been legally adopted by managing hospital health records appropriately and protecting sensitive adoption/identity data.

It will strive to maintain the separation of confidential information within both sets of health records (pre and post adoption hospital health records).

3.0 DEFINITIONS/ ABBREVIATIONS

Prospective Adoptive Parent:	This is an adult who has some parental responsibility for children who have been placed with them for adoption by the local authority.
Adoptive Parent:	An adult who has full parental responsibility for children who they have legally adopted. They should be known as mother/father once the child is legally adopted, and not adoptive mother/adoptive father.
Prospective adoptive placement:	This is a term used when a child moves into a home to live with prospective adopters but the adoption order has not yet been granted.
Looked after child:	This term includes both children and young people legally accommodated by local authorities/Health and Social Care Trusts, including unaccompanied asylum seeking children and those children where the agency has authority to place the child for adoption.
Legally adopted:	This means when an adoption order has been granted by court and parental responsibility for a child transfers from birth parents to adoptive parents.
NHS number:	This is the only national unique patient identifier, which is used to help health care staff match a person to their health records.
Pre adoptive health records:	Records which are about a child who is not legally adopted and has within the child's birth name and original NHS number.
Post adoptive health records:	Records which are about a child who is legally adopted and has within the child's adoptive (new) name and new NHS number.

4.0 ROLES AND RESPONSIBILITIES

The Trust Board	Will identify a lead member with responsibility for Safeguarding Children within the Trust. This will include the management of adoption information
The Executive Lead for Safeguarding	Holds board level responsibility for safeguarding, providing a strategic leadership for safeguarding across the organisation and chairs the Trust wide Safeguarding Steering Group.
Head of Safeguarding	Provides support to the executive lead in exercising their functions in providing strategic leadership for safeguarding across the organisation. This will include the oversight of information and practices relating to adoption
Caldicott Guardian	The Caldicott Guardian is the executive lead responsible for protecting the confidentiality of people's health and care information and making sure it is used properly
DPO & Information Governance Manager	The Data Protection Officer (DPO) is responsible for overseeing the Trust's data protection strategy and it implementation to ensure compliance with GDPR requirements.
Divisional Heads and all Managers Responsibilities include	Ensuring that all staff are made aware of their roles and responsibilities in relation to this policy. Ensuring that all staff have read the policy and are aware of what actions they need to take. To identify any additional training and support needs required by their staff to enable them to perform their duties as defined in this policy. Monitoring periodically staff awareness of their roles in relation to this policy. Following other appropriate Trust procedures, simultaneously where necessary.

The Information Governance Committee has responsibility for Information Governance Policy, specifically for policies which relate to issues concerning the security and confidentiality of patient identifiable information.
 The Medical Records Advisory Group oversees/leads on the development, implementation and review of the patient record/information related policies and procedures.

5.0 APPROVAL

This policy will be disseminated to relevant Safeguarding Steering Group members, IG leads, SFHFT Children and Young People Board and Community Paediatrics Lead, Clinical System Leads and to all Patient Admin Services via the relevant Business Units. Final approval will be via the Safeguarding Steering Group.

6.0 DOCUMENT REQUIREMENTS

Individual Roles
Parents of an Adopted Child.

- Parents need to be aware that it is their responsibility to inform all health services that are involved with their child, that the child is legally adopted, as there is no other clear pathway for this to happen. This can be done by contacting any of the following managers, Patient Services Manager, Medway PAS Manager, or Information Governance Manager. The social worker overseeing the adoption process will have outlined this process but can be reiterated by the member of staff who first identifies the child as adopted.

- Parents need to inform involved health services of the child's new legal name and new NHS number. This will be confirmed on the National Spine System and no details will be changed on any electronic or paper record until this has taken place.

- GP practices need to be aware that it is also their responsibility to inform all health services that are involved with their registered child, that the child is legally adopted, as there is no other clear pathway for this to happen.

5.2.2 The Adoption Health Team
- The Health Team will ensure the Nottingham City and Nottinghamshire County Local Authorities are aware of the importance of informing adopters of their responsibilities.

5.2.3 All Staff
- If staff are informed of a name change/ NHS number change due to legal adoption, we must initiate the procedure for dealing with health records. Only records that are raised this way will be actioned. This must be carried out by contacting any of the following managers, Patient Services

- Manager, Medway PAS Manager, or Information Governance Manager

- In urgent circumstances or when in doubt, a new patient registration should be made and make contact with any of the managers previously mentioned for further investigation and action if required.

- If information is provided that the child has been placed with potential adopters or foster carers, a security alert can be added to the Medway record 'Care Required when sharing Demographics'. Refer to the Medway Alerts Policy

5.2.4 Medway PAS Manager/NHIS
- Once informed they will initiate the procedure for dealing with the electronic health records. Moving any on-going treatment from the old record to the new and ensuring NHS numbers, alerts and statuses are correct for Medway and S1 ED only. The ED admin team will also need to assist with this process.

- Once the electronic record is updated the Medway PAS Manager will contact the Team leader in Case Note store who will follow the department SOP for dealing with records of adopted children.

5.2.4. SFHFT Clinicians & Supporting Admin
- Prior to an Adoption Order being granted, all letters should have the Birth name and original NHS number on. Following the granting of an Adoption Order, all letters must only have the new name and new NHS number on.

- When a child becomes legally adopted, all professionals who remain involved must summarise the important information related to the child's ongoing care and treatment that they are providing. This is to ensure continuity of care for the child. This could be in the form of a letter in the same way as transferring care elsewhere. However, there may be occasions where serial results & previous EPRO/Winscribe letters need to be viewed. In these cases the originals can be added as long as any identifiable information has been removed and the new identity added. It is the clinician's responsibility to maintain confidentiality.

- Previous clinical information not related to ongoing management does not need to be summarised as this can be accessed at a later date if clinically necessary by contacting the Patient Services Manager.

- No identifiable information about the child's previous identity should be included within the summary. Professionals should not use old and new names/ NHS numbers together on letters. "Was known as" and "now known as" should be avoided.

- The term 'adopted child' should not be used within the summary or any future letters unless this is relevant to their diagnosis and/or treatment.

Service Managers & Clinical System Leads
- A Standard Operating Procedure must be identified within each department and it is the responsibility of each Service Manager to advise their staff of the processes and raise awareness of the nature of the records for each clinical system.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Review of records annually to ensure the systems are complaint	Medway System Manager	Review of medway systems	annually	Governance group

8.0 TRAINING AND IMPLEMENTATION

- Staff receiving training for Medway and Data Quality will receive information on this process as part of their new staff orientation training or general training.
- Communication will be publicised at Trust level to advise users of the process.
- The Information Governance Lead will send out a notification of the old and new record, to the approved group of Trust contacts. These will include clinical system leads, Case Note Team Leader, ED Admin, Patient Services Manager, Medway PAS Manager, community paediatrics and paediatric services or any other services still continuing to provide services for the patient.
- See the associated SOP for each electronic or case note requirement.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 3
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 4

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:
- Working Together to Safeguard Children 2018

Related SFHFT Documents:
- Alerts Policy
- Managing Records for Adoption, Gender Reassignment & Witness Protection Patients for Medway & Case notes
- ED Adoption & Gender Re-assignment Guidance for Medway & S1
- QRG process for Invalid NHS Numbers on Winscribe
- Case note Management for Case note Store & ED*****
- SOP -Managing Records for Adoption, Gender Reassignment & Witness Protection Patients
- IG policy
- Safeguarding Children Policy

11.0 APPENDICES

Appendix 1: Emergency Care – Adoptions/Gender Re-assignment Guidance

Appendix 2: QRG process for Iinvalid NHS numbers held on Winscribe

Appendix 3: Equality Impact Assessment

Appendix 4: Environmental Impact Assessment

APPENDIX 1

Emergency Care – Adoptions/Gender Re-assignment Guidance

Requirement

When a child has been legally adopted a new identity must be created for the child in place of their existing one. A New NHS number is generated by the National Back Office who support the spine national records. There must be no link between pre and post adoptive medical records. This includes the inclusion of information from the pre adoptive record in the post adoptive record that may identify the child. Adoptions are legally regulated by the Adoption and Children Act 2002 and the Adoption Agencies regulations 2005.

This process may also apply to gender re-assignment patients or people on witness protection.

Procedure

- Search Medway for the patient details that are given by the parent/guardian:-
  - if they are already registered with a District Hospital Number, but the parent/guardian implies there has been an adoption or that the NHS number will have changed, or the NHS Number status is '05', **do NOT proceed with the update of demographics on any existing record. Register a new record with a new District Hospital Number on Medway and use this to register the child on the SystmOne ED Whiteboard.**

Hospital Number: D○○ ▨▨▨
Unverified NHS Number: 6▨▨▨▨07 (05)

  - if the child is already registered with a District Hospital Number and no changes to the demographics are required, this will be used to search on SystmOne ready to register them onto the ED Whiteboard as usual. However, if on opening the record the message stating the NHS number is now invalid, do not proceed with the ED Whiteboard registration. **Register a new record with a new District Hospital Number on Medway and use this to register the child on the SystmOne ED Whiteboard.**
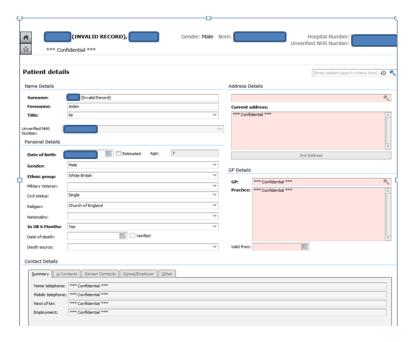

Error

The NHS number associated with this record has been declared invalid by Spine and so this record should no longer be used.

Please contact your local administrator or helpdesk and ask them to investigate the record according to local processes. They will then advise you how to proceed once an investigation has been undertaken. All demographic and clinical information for this patient must be regarded with caution until the investigation is complete.

Spine functionality has been disabled for this record.

Ok

  -

- If the Medway record is retrieved and the details are marked as ***Confidential*** with a suffix on the Surname (Invalid Record). This record must **NOT** be used. **Register a new record with a new District Hospital Number on Medway and use this to register the child on the SystmOne ED Whiteboard.**

- In all cases an email must be sent the same day to sfh-tr.information.governance@nhs.net and Jackie.lynam@nhs.net with the District Hospital Numbers identified. A process of updating the pre and post adoptions records will then take place with the electronic and paper case notes.

- ED admin may be contacted to advise them of an adoption, please follow your own internal Standard Operating Procedure for the paper case note management but also inform the above contacts too in the usual way.
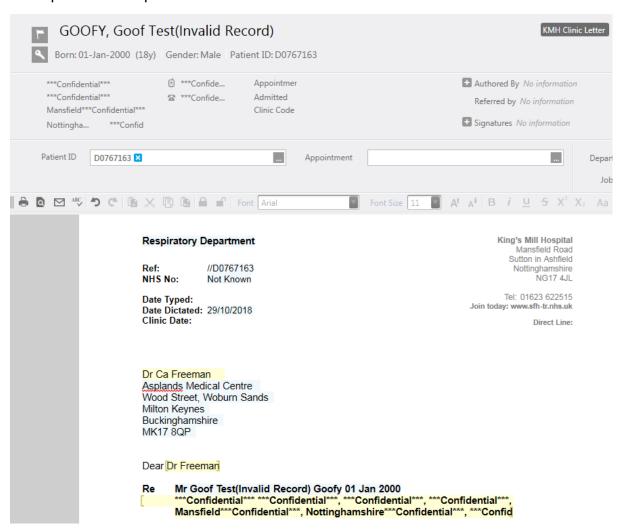
APPENDIX 2

QRG process for linvalid NHS numbers held on Winscribe

In Medway some NHS numbers may be marked as invalid as these have become invalid on the National Spine Record and a new patient record may be created with new hospital number and NHS Number. The invalid Medway record MUST NOT have any further activity or details recorded against the patient.

When the patients record is updated in Medway a similar process will occur in Winscribe Text and the old record will be be marked as invlalid and the address and contact details will show as ***Confidential****. This record must not be updated and the user should instead search for the patients new record. The Case Note Store will be aware of the new details if you are unable to locate the new record. Under no circumstances should any correspondence be sent out under the old D Number or NHS number.

Example of invalid patient record

There are two scenarios where a letter may have been dictated or typed prior to the patient details being updated.

If a letter was been dictated by the Author after selecting the patient from the appointment list, Text will not allow a user to change the patient name. The Typist will need to listen to
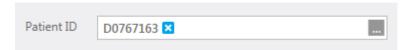
the dictation and type the letter into a Word Document. The Typist will then click on +New to find the new patient record. When they have selected the patient they can copy and paste

the contents of the Word Document into the new patient letter template. The Typist will need to return to the original dictation and delete it.

If a letter has been dictated by the Author from +New a user can click on the Patient ID field and select a different patient.

In the case of adopted children and gender re-assignments, new case notes for the post adoption/re-assignment record are organised by the case Note store (Jan Soyer) but if anyone identifies that a child has been adopted and the Medway Manager is not aware please contact jackie.lynam@nhs.net.

APPENDIX 3 EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: ADOPTION
New or existing service/policy/procedure: NEW
Date of Assessment:24/9/19

For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)		
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:		
Race and Ethnicity	This policy provides equitable care for all irrespective of race or ethnicity	The processes outlined are already in place	none
Gender	This policy provides equitable care for all irrespective of gender	This policy ensures gender realignment is respected	none
Age	This policy provides equitable care for all irrespective of religion	The processes outlined are already in place	none
Religion	This policy provides equitable care for all irrespective of disability	N/A	none
Disability	This policy provides equitable care for all irrespective of disability	N/A	none
Sexuality	This policy provides equitable care for all irrespective of sexuality	N/A	none
Pregnancy and Maternity	This policy provides equitable care for all whether pregnant or not.	N/A	none
Gender Reassignment	This policy ensures gender realignment is respected	This policy ensures the relevant records are aligned to acknowledge any gender reassignment	none
Marriage and	This policy provides equitable care for	N/A	none

Civil Partnership	all irrespective of marital status		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	This policy provides equitable care for all irrespective of socio-economic status	N/A	none

**What consultation with protected characteristic groups including patient groups have you carried out?
Consultation with staff and supporting professionals ie social care and CCG**

What data or information did you use in support of this EqIA? Review of relevant documents and policies and procedures

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? The rights of adopted children and their families to a family life

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:
Low Level of Impact

Name of Responsible Person undertaking this assessment:

Signature: Tina Hymas-Taylor & Jacquie Widdowson

Date: 24/9/19