

Standard Operating Procedure 6 (SOP 6)

Scanning of Records

Why we have a procedure?

Some services within Black Country Partnership NHS Foundation Trust reproduce paper documentation (corporate or health records) electronically by scanning this information and retaining on the Trusts systems. The Trust needs to be able to demonstrate that these scanned documents are a true representation of the original paper record.

This procedure sets out the arrangements required in the scanning and auditing process for scanned records in order to reduce the risk of a challenge to the legal admissibility and evidential value of the scanned records. This policy aims to conform with BS10008:2014, the British Standard on Evidential weight and legal admissibility of electronic information.

What overarching policy the procedure links to?

This Standard Operating Procedure is linked to the Health Records Policy

Which services of the trust does this apply to? **Where** is it in operation?

Group	Inpatients	Community	Locations
Mental Health Services	✓	✓	All
Learning Disabilities Services	✓	✓	All
Children and Young People Services	✓	✓	All
Corporate Services	✓	✓	All

Who does the procedure apply to?

- Corporate Staff – who scan and upload documents
- Clinical/administration/health records staff who scan and upload documents

When should the procedure be applied?

This procedure should be applied when scanning and uploading documents

How to carry out this procedure

The following standards need to be followed when scanning paper documents:

Documents must be:

1. Scanned straight

All documents must be scanned straight and the whole content of the document needs to be viewable and nothing must be missing on the page of the scanned document.

2. All pages of a document must be scanned

The whole page of the document must be scanned and nothing must be missing on the page of the scanned document.

3. Both sides of a page must be included within the scanned document

Both sides of the document must be scanned even if the second side of document is blank. The blank pages of the documents must not be deleted.

4. All numbered pages to be scanned even if blank

All pages that are numbered must be scanned even if they are blank.

5. Scanned using correct colours

This only applies to the following documents that need to be scanned in colour:

- ECG's
- Prescription Cards
- DNAR Sheet

6. Is it legible?

The scanned document needs to be readable and all documents should be scanned using 200 dpi resolution to meet this requirement.

7. It shows the original page size

The Scanned document should be scanned in and displayed in the same size as the original paper document.

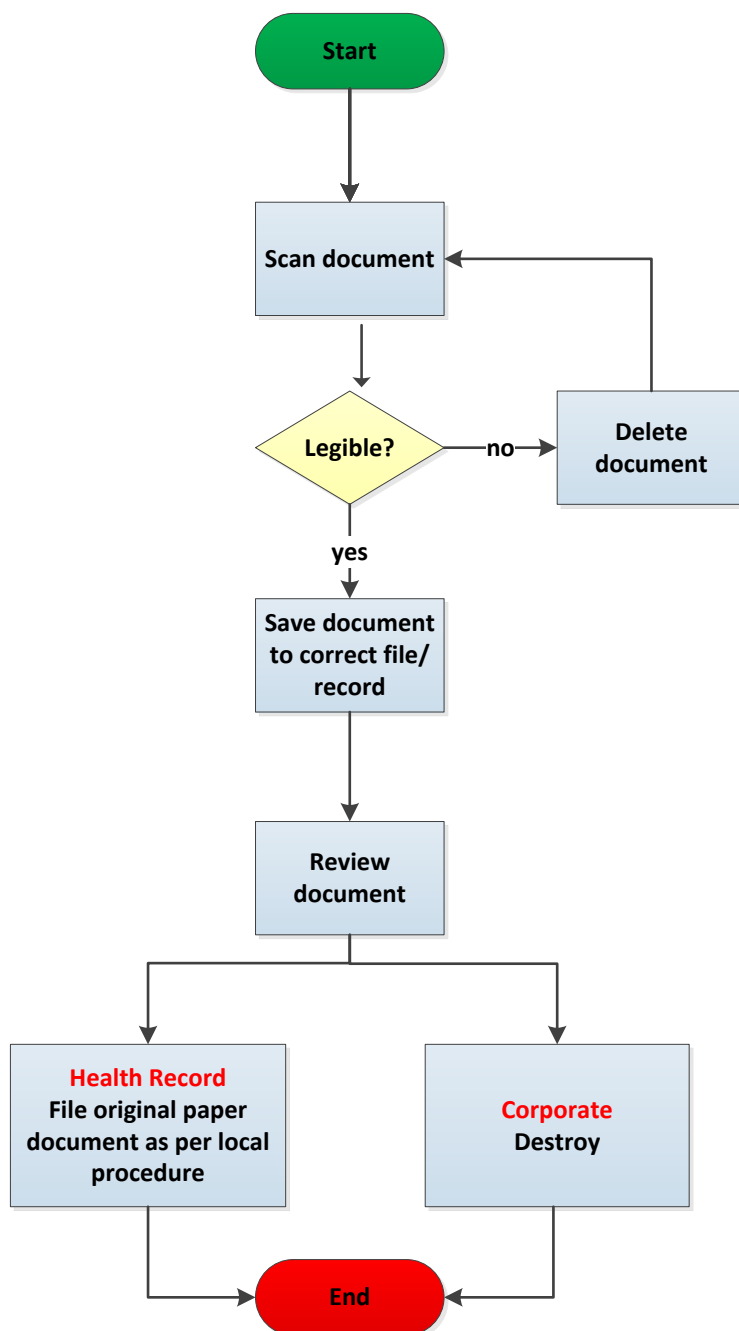
8. Scanned to a format that cannot be amended

All documents need to be scanned in PDF to ensure that they can't be edited or tampered with.

9. Audit trail should be maintained to show who scanned, when and what has happened with the document

All scanned documents must be able to be audited to show who scanned, when and who has viewed them. Dependent on the specific system, access to the scanned record will be restricted

Scanning process



As part of the review section of the above process the auditing of scanned documents must be completed to ensure that the scanned document meets the required standards. Audits must be done in accordance with Trust procedures. Dependant on the type of document the following users will be responsible for carrying out quality assurance checks:

1. Health Records
2. Information Governance
3. Clinical Leaders
4. Corporate Services Leads

The above users carrying out audits will ensure that scanned documents are a true representation of the original paper record.

Where do I go for further advice or information?

- Head of Information Governance and Data Protection
- Record Services Manager

Training

Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities. Please refer to the Trust's Mandatory & Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies

Monitoring / Review of this Procedure

In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

Equality Impact Assessment

Please refer to overarching policy

Data Protection Act and Freedom of Information Act

Please refer to overarching policy

Standard Operating Procedure Details

Unique Identifier for this SOP is	BCPFT-REC-SOP-01-6
State if SOP is New or Revised	Revised
Policy Category	Health Record
Executive Director whose portfolio this SOP comes under	Director of Operations
Policy Lead/Author Job titles only	Record Services Manager
Committee/Group Responsible for Approval of this SOP	Information Governance Steering Group
Month/year consultation process completed	n/a
Month/year SOP was approved	November 2018
Next review due	November 2021
Disclosure Status	B' can be disclosed to patients and the public

Review and Amendment History

Version	Date	Description of Change
2.0	Nov 2018	A specific Trust wide SOP for the Scanning of Records has been produced by adapting the original SOP
1.0	Apr 2016	New SOP for BCPFT to support EHR pilot