

Trust procedures

Scanning Procedure

This procedure applies Trust-wide

Document Control Page

Name of Procedure	Scanning
Name of Linked Policy	Record-Keeping
Accountable Director	Chief Executive Officer
Author with Contact Details	Records Manager 01925 664895 Records@nwbh.nhs.uk Information Governance and Security Manager 01925 664485 IG@nwbh.nhs.uk
Status	Ratified
Ratifying Committee/Date	Operations Group December 2019 Audit Committee April 2020
Review Date	April 2023
Brief Description of Changes Following Review	<ul style="list-style-type: none"> Updated procedure based on experience of rolling out scanning within the Trust to make it more practical. Also, changed it from being solely concerned with patient records to cover the scanning of all records within the Trust. Procedure name shortened.
Equality Impact Assessment	The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. This Procedure has been Equality Impact Assessed and does not discriminate.

Version Control

Version	Development Timeline	Date
1.0	First iteration	Feb-16
1.1	Review and update	Oct-19
2.0	Final	April-20

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1 Introduction

A vast quantity of active and inactive information exists throughout the NHS that if stored and maintained in paper form would require extensive physical storage, document retrieval and management facilities. This approach is increasingly impractical for a number of reasons and consequently digital records are now routinely created and used. However, information within existing paper records must be retained and will have clinical and other evidential values over a lengthy period. As an alternative to their long-term retention in paper form, these records can be scanned to produce an equivalent digital record providing correct processes are followed.

Where digital scanning of documents is proposed, it is essential that appropriate process and quality assurance controls are properly established, demonstrating the key principles of:

- authenticity,
- storage and access, and
- evidence of process reliability and compliance.

For a scanned document to have continuing value and be admissible in court if needed, then the image of the original must be treated the same way that photocopies are treated as secondary evidence. In this regard the provisions of section 8 of the Civil Evidence Act 1995 will apply.

It is essential that any scanning solutions used are able to:

- guarantee the authenticity and integrity of the content of the scanned documents throughout their storage period,
- store and protect all scanned data relating to the original source documents without omission,
- store data in a form that will be accessible, retrievable and readable when needed,
- reproduce the original source document as it was when scanned,
- maintain appropriate and auditable records of scanning activities, and
- restrict access to only authorised personnel.

This Procedure must be read in conjunction with the Trust's Record-keeping Policy and Procedure.

1.1 Rationale

This Procedure is issued as guidance on when and how a paper document can be scanned and attached to an electronic record.

This Procedure is intended to ensure that when paper documents are scanned they are scanned in accordance with British Standards Institution (BSI) BS 10008:2008 *'Evidential weight and legal admissibility of information stored electronically'*.

Scanning equipment must be capable of scanning in accordance with these standards.

All documents must be scanned to the same standard across the Trust so, in the event of the authenticity of the scanned document being challenged in court (or by a professional/regulatory body), the Trust can demonstrate that it has administrative and audit processes that will satisfy the court as to the document's authenticity.

This Procedure is intended to ensure that teams can achieve the satisfactory level of scanning required in order for them to be authorised to start destroying documents and that these documents are destroyed in accordance with the Records Management Code of Practice for Health and Social Care 2016.

1.2 Scope

This Procedure applies to all staff involved in scanning any paper documents into electronic systems and to team/office managers who will audit that work.

Whilst this Procedure has been written primarily for scanning records into an electronic patient record (EPR), it can be adapted for use with corporate systems (eg replace the NHS number with staff numbers, etc).

Electronic documents (eg email attachments) that are uploaded/saved directly to information systems are not covered by this Procedure.

Where commercial or third party service providers are involved in the Trust's scanning activities, this procedure must also apply to those contracted arrangements. Provision must be made within such contracts or service level agreements for audit and assurance purposes.

The audit requirements outlined in this Procedure only cover scanning and do not include record-keeping standards. The aim of the Scanning Audit is purely to replicate the paper document electronically, whilst maintaining its integrity and authenticity. Record-keeping standards must be audited separately.

Documents can only be scanned if they are free of copyright or if the Trust has permission from the author/owner to scan them. If this is not the case, they must not be scanned and must be stored in paper-light folders. A note must be put on the relevant information system stating that these other documents exist and where they can be located.

2 Procedure

The following flowchart is designed as a quick reference guide to this procedure and can be displayed in areas where scanning is undertaken for staff to use.

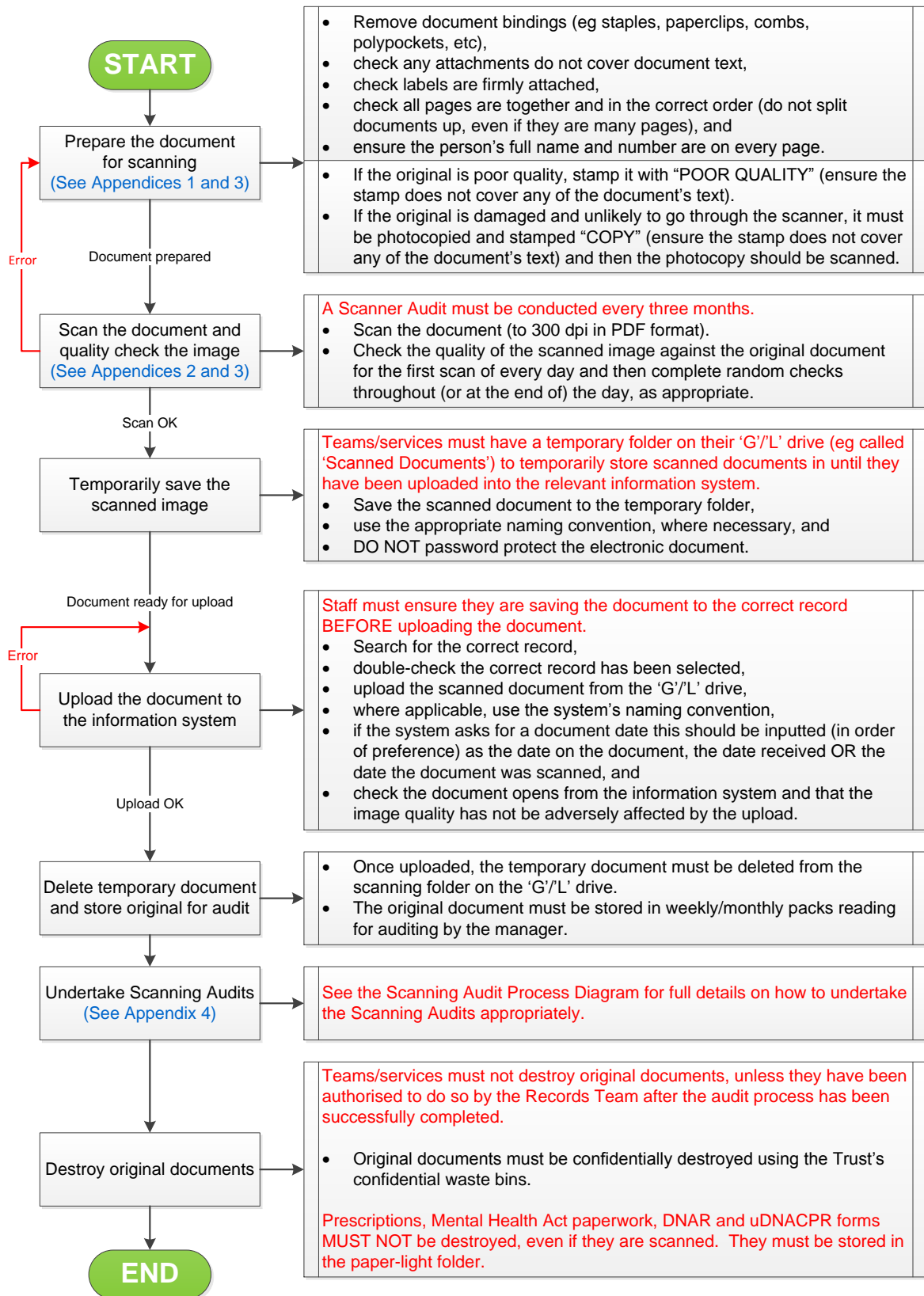


Diagram 1 - Scanning Process

It is the duty of all Trust staff to ensure that documents are attached to the correct electronic records; this must be assured by checking the person's demographics (eg name, date of birth, address, etc) and any relevant identifying numbers against a verified source of information (eg the Summary Care Record or Electronic Staff Record).

A temporary folder must be created within the team/service's folder on the 'G'/'L' drive (called 'Scanned Documents'). This will be used to temporarily store the scanned documents. Once the document has been uploaded/saved and checked, the scanned document should be deleted from the temporary folder (thus reducing the risk of duplication).

2.1 Scanner Maintenance and Audits

Quality control is essential to ensure that all documents scanned within the Trust conform to BS 10008:2008 *'Evidential weight and legal admissibility of information stored electronically'*.

To ensure good quality scanned images, staff must check that all settings on the scanner are correct by carrying out Scanner Audits every three months (see Appendix 2) or whenever images show deterioration in quality during the scanning. It is the team/office manager's responsibility to ensure these Scanner Audits are undertaken. (It may be beneficial to staff if a sheet is attached the scanner listing when it was last audited and by whom.)

To undertake a Scanner Audit, staff must print off the Scanner Audit Sample Page, scan it and then assess the scanned image against the printed image using the spreadsheet to record the results of the Scanner Audits as they are completed (see Appendix 2). One spreadsheet must be completed per scanner. The spreadsheet must contain the scanner's asset number (eg SHK012345) or a detailed description of the scanner's location (eg Jane Doe's Desk, Room 101, AnyTown Building).

Spot checks of these spreadsheets will be undertaken by the Records Team and team/office managers must be able to make them available to the Records Team upon request.

Most scanners will automatically calibrate when starting up. If the scanner being used does not do this, they must be calibrated following the manufacturer's guidance. The auditor must then use the Scanner Audit Sample Page (see Appendix 2) to scan and evaluate the image against the Sample Page.

It must be noted that the image guide strips that cover the scanner heads and scanner face plate must be regularly cleaned or at any point when a bit of dirt or dust is stuck on the lens indicated by marks on the scanned document. They can be cleaned with alcohol wipes. This must be done as and when required and does not necessarily mean a Scanner Audit must be undertaken (unless one is due). However, if any other faults are detected, then a Scanner Audit must be undertaken if required.

2.2 Preparing Paper Documents for Scanning

All paper documents must be prepared prior to scanning to ensure that a suitable, quality image is obtained as per Appendix 1.

Remove all staples, clips or other document bindings ensuring that there is no damage to the original document that may affect the capture of information during scanning.

Please check the number of pages intended for scanning (eg you have 10 double-sided pages, there are 20 pages intended for scanning).

Remove documents from plastic wallets/envelopes.

Some documents may have physical attachments which contain information (eg post-it-notes and medical results attached to mount sheets). If they obscure information on the document, remove the attachments. The note (physical attachment) must be marked or stamped as being part of the page of the document to which it is attached and scanned and indexed separately, adding the patient's full name and NHS number to the note prior to scanning (if not already on the page). The original page must be indexed to indicate it has an attachment as described above.

For example, in Diagram 2 there is a haematology mount sheet on the left containing five blood results. In order to scan these, they must be separated and indexed by counting how many scanned images there will be and then numbering them accordingly as shown on the right of Diagram 2. Any missing information (eg name and identifier) should also be added at this stage.

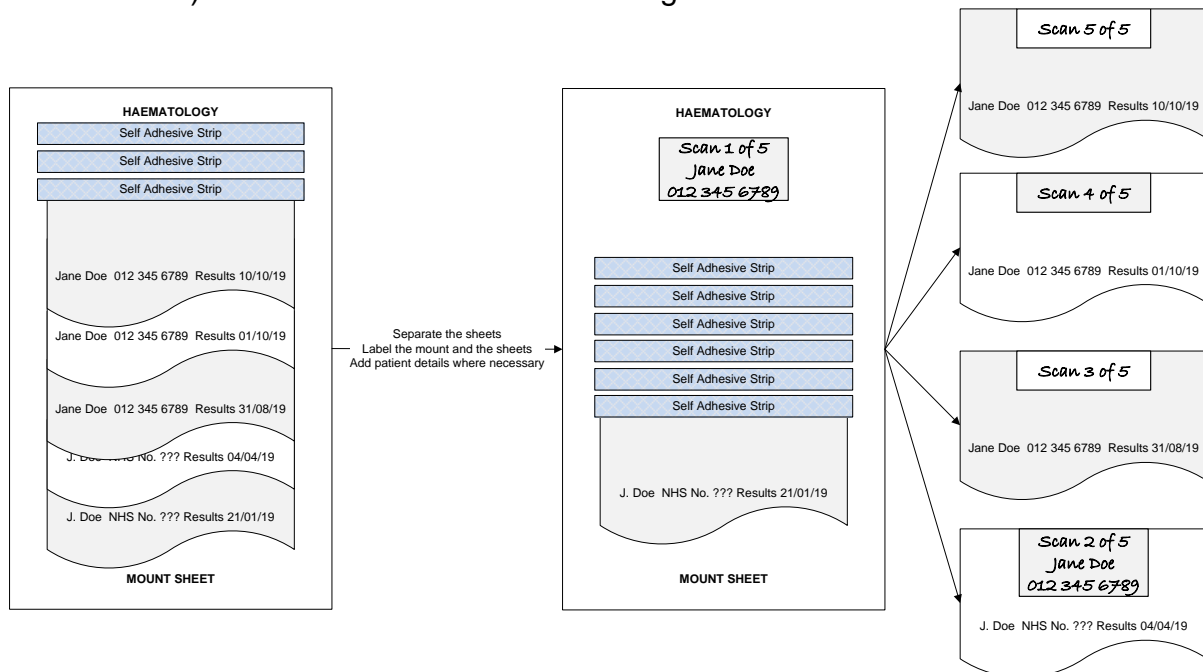


Diagram 2 - Scanning Multiple Physical Attachments

Staff must not cover up information on the page when adding additional details to it.

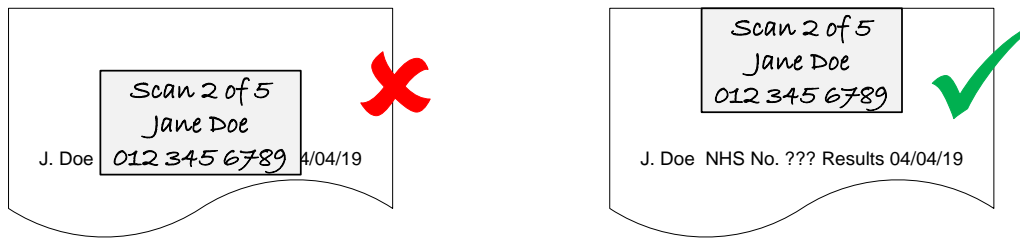


Diagram 3 - Labelling Multiple Physical Attachments

Any information affixed onto a page (eg labels) must be firmly attached, especially around the edges whilst ensuring that it does not cover information already recorded on the page. When scanning historical records you may come across sheets with labels covering text. Do not try to remove these labels as this will constitute tampering. The documents will have to be scanned as they are. If the document is later part of a Scanning Audit, it should be noted on the audit that this was a historical document that could not be amended.

If the paper is very old or unlikely to pass through the scanner the document must be photocopied and then the copy must be scanned.

If the quality of the original print is poor, this must be photocopied using a higher resolution and then the copy must be scanned. Handwriting or hand drawings can be faint and difficult to reproduce. Under no circumstances must the original document be enhanced prior to scanning (eg redrawing the lines on the drawing to make them stand out) – this would constitute tampering. Care must be taken when scanning to ensure that image brightness and contrast are appropriate for these images.

Prior to scanning a photocopy of an original document, a quality check must be made to ensure that all the information contained on the original document will be retained on the photocopy.

If a photocopy of an original document is scanned, this document must be clearly marked as a **COPY** on the first page (a stamp may be used; original text must not be obscured) before the document is scanned (refer to Appendix 1).

If a good quality photocopy cannot be achieved this document must not be scanned and staff must contact the owner of the document to see if this can be emailed if possible. If this is not possible, staff must contact the Records Team for further advice.

If faxed documents are to be scanned, they must be clearly marked as a **FAX** on the first page (a stamp may be used; original text must not be obscured) before the document is scanned (refer to Appendix 1). If a fax cover sheet is being scanned that clearly identifies the document as a fax, then the document does not need to be marked with **FAX**.

Some documents, such as prescriptions, must only have one document in use at any given time. Before another document can be started, the first document must be “closed”. If a document is “closed” when it is being scanned, it must have **CLOSED**

clearly marked on the first page (a stamp may be used; original text must not be obscured) before the document is scanned (refer to Appendix 1).

A document must be scanned as one document. Do not split or join documents together (unless the document is too big for the scanner – see the paragraph below). However, where necessary, there are some exceptions to this (and the scanning within two days deadline) due to the amount of work they would create. These exceptions are:

- food intake and fluid balance charts can be scanned in weekly batches to create one scanned image, and
- mental health observation forms can be scanned in daily batches to create one scanned image.

Staff must ensure there is no significant loss of detail or information when scanning documents. If the document is larger than the scanning area on the scanner it may be necessary to scan multiple images. These must be marked and indexed (see Diagram 2 above).

Ensure that the edges of the document to be scanned are aligned prior to scanning; otherwise the document will not be reproduced successfully.

Ensure all pages of a multi-page document are kept together and in the appropriate order before, during and after scanning. Ensure double-sided documents and all intentionally blank pages are scanned (see Diagram 4).

If the entire contents of a paper record are being scanned, check inside any envelopes, plastic wallets or flaps to ensure that all documents within the record are scanned.

Documents that are available publically (eg on the Internet) must not be scanned. Instead, staff should enter a note on the system containing the full name of the document, the author/publishing organisation and the link to the relevant website.

Prior to scanning, the person's full name and identifying number (eg NHS number, staff ID, etc) must be included on all documents (on both sides). This helps to avoid confused records. Original text must not be obscured. An intentionally blank page in a document needs the person's full name and identifying number adding to it, but a blank page not part of the document does not (see Diagram 5 below).

Scanning Procedure

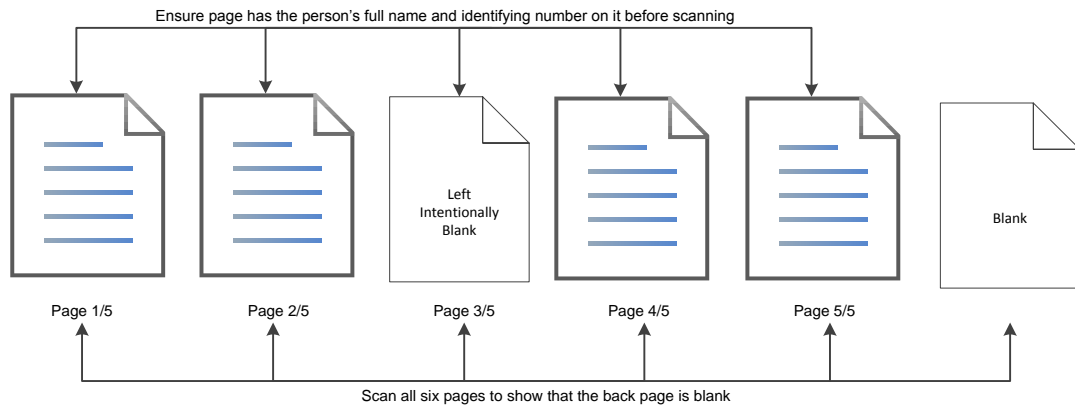


Diagram 4 - Scanning Blank Pages

2.3 Scanning Paper Documents

Paper documents must be scanned upon receipt (or within two working days at the latest) to ensure that the Trust's electronic records are kept up-to-date and contemporaneous.

Documents must be scanned following the manufacturer's instructions.

Ensure documents are placed correctly on the scanner and that brightness, contrast and resolution settings are adjusted where required. Ensure the scanner's dpi¹ (dots per inch) settings are 300 dpi and that it is set to scan in colour and save as a PDF (Portable Document Format). This setting is satisfactory for font sizes down to size 8. To ensure the integrity of the scan, the images must not be created in any format that can be altered (eg straight into Microsoft Word which can be edited).

Prescriptions must only be scanned once completed and closed. They must be scanned in colour and the original stored in the paper care record (originals must not be destroyed as they may be required for formal use, eg investigations).

If a patient is transferred to the Trust from out of the area with copies of their records from that organisation, the relevant clinician must identify the information necessary for the patient's care. That information must then be clearly marked as **COPY**, scanned onto the system and then the paper copies confidentially destroyed. A progress note should be entered stating where the paper copies came from and who to contact at that organisation to obtain copies of their full record.

If original records are sent to the Trust, but are only partially scanned onto the Trust's system, then the original records must be stored in the Trust's off-site storage and cannot be destroyed.

¹ This may also be known as ppi (pixels per inch).

Scanning Procedure

Scan the document following the diagram below.

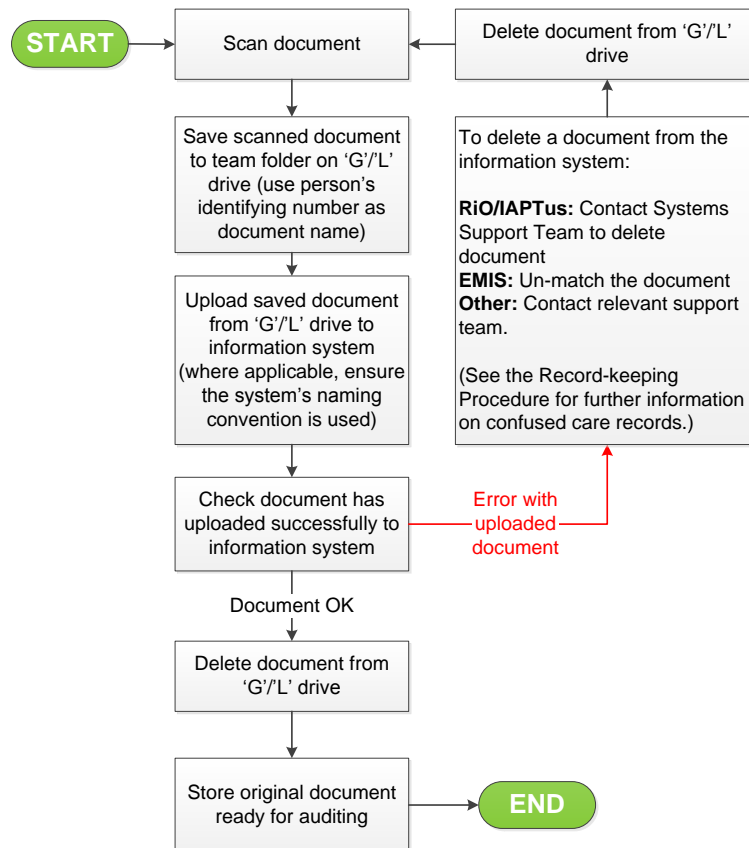


Diagram 5 - Scanning Flowchart

When uploading documents to the system, the relevant naming convention system must be followed where applicable. For example, the RiO Naming Convention is available on the Intranet via the RiO Splash page. Documents **MUST NOT** be password protected.

If the system asks for the document date, this is the date on the document. If the document does not contain a date, then the date the document was received should be used. Otherwise, the scanning date should be entered.

2.4 Scanning Audits

In order to ensure the high quality and legal admissibility of its scanned documentation, the Trust must undertake a rigorous process of audit. This comprises of the scanning staff regularly checking their own work, team/office managers auditing the work of the scanning staff and the Records Team auditing the managers.

The Audit Rating Scale used is:

90-100% = Green	80-89% = Amber	0-79% = Red
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Scanning Procedure

The process to be followed is shown below.

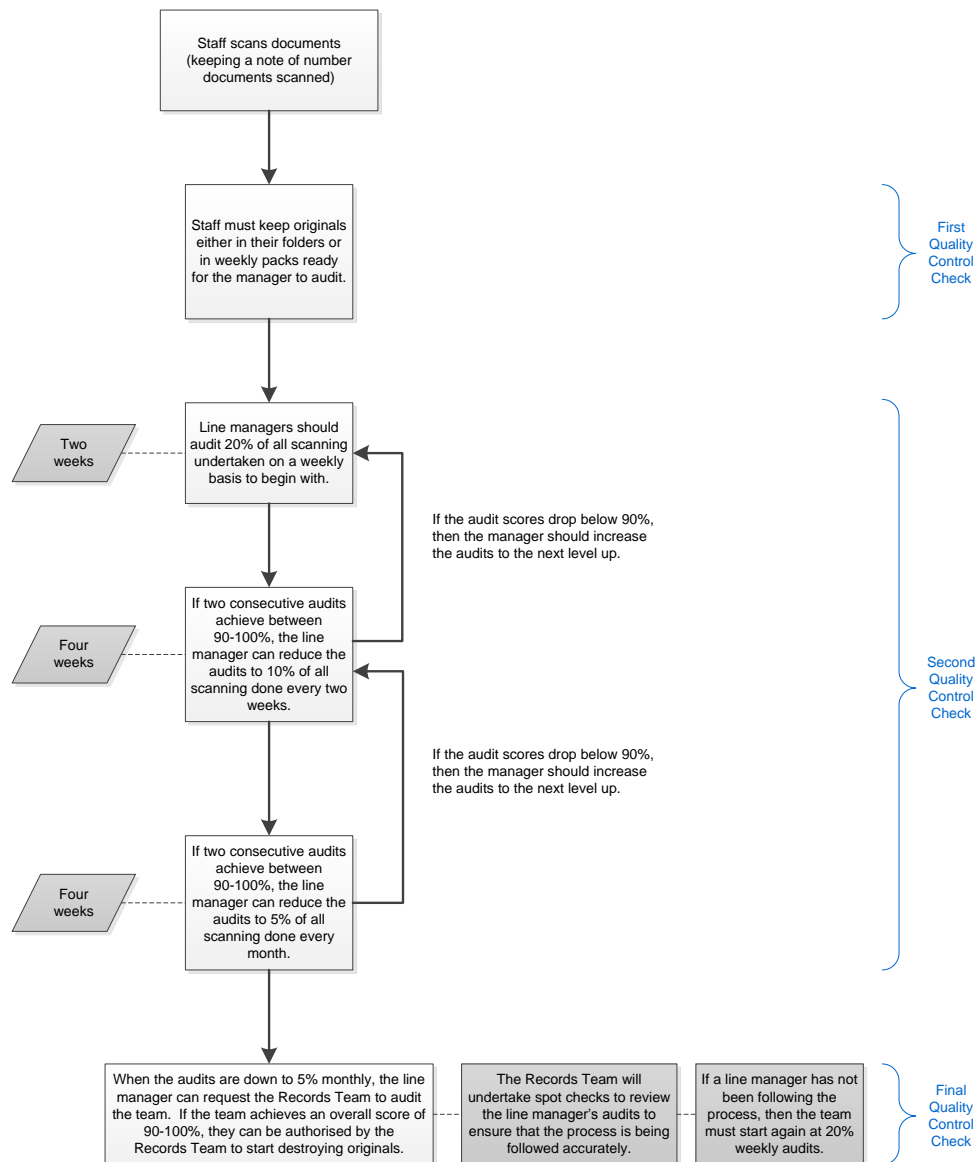


Diagram 6 - Scanning Audit Process

2.4.1 Scanning Staff

When scanning documents, teams must go through a strict audit process to ensure their scanning meets the Trust's standards before they can apply for permission to destroy original documents. Until they have permission from the Records Team, original documents **MUST NOT** be destroyed.

Paper documents must be scanned upon receipt (or within two working days at the latest) to ensure that the Trust's electronic records are kept up-to-date and contemporaneous.

The person responsible for scanning documents must check the first document scanned to ensure that the scanner is set up and working correctly. Thereafter, random quality checks should be made throughout the day. The frequency of these checks will depend on the amount of scanning being undertaken (eg if scanning 10

pages, do a one check at the end of the day; if scanning 200 pages, do a couple of checks throughout the day). These checks do not need to be recorded, unless managers are concerned that they are not being undertaken.

The originals being scanned must be kept in order, either in their folders or in weekly/monthly packs (depending on the amount of scanning being undertaken) ready for the team/office manager to use for their audit.

2.4.2 Team/Office Managers

Managers are responsible for ensuring that scanned images are audited using the Trust-approved Scanning Audit Tool (see Appendix 4).

OBTAINING APPROVAL TO DESTROY ORIGINAL DOCUMENTS

Prior to being given approval to destroy original documents, there is a 10-week audit process that managers must undertake to be able to apply for permission to start destroying (see Diagrams 6 above and 7 below). The audit process is as follows.

- Initially, managers must undertake weekly audits of 20% of all scanning being undertaken that week. (See Appendix 4.)
- If the audits consistently achieve 90-100% over two consecutive audits, the manager can reduce the audits to 10% of all scanning undertaken over a two-week period.
- Again, if the audits consistently achieve 90-100% over two consecutive audits, the manager can reduce the audits to 5% of all scanning undertaken over a four-week period.
- If the next audit achieves 90-100%, the manager can request the Records Team to audit the manager's audits.
- **If, at any point, the audit scores drop below 90%, then the manager must increase the audits to the next level up.**
- The managers must keep all originals that they audit for the 10-week period and make them available to the Records Team, along with their Scanning Audit spreadsheets.
- The Records Team will audit 10% of the manager's audits from the last 10 weeks.
- If the audit carried out by the Records Team achieves 90-100%, the team will be authorised to start destroying original documents.
- If it is found that the manager has not been following the process above then the team will have to start again from the 20% weekly audits.

Scanning Procedure

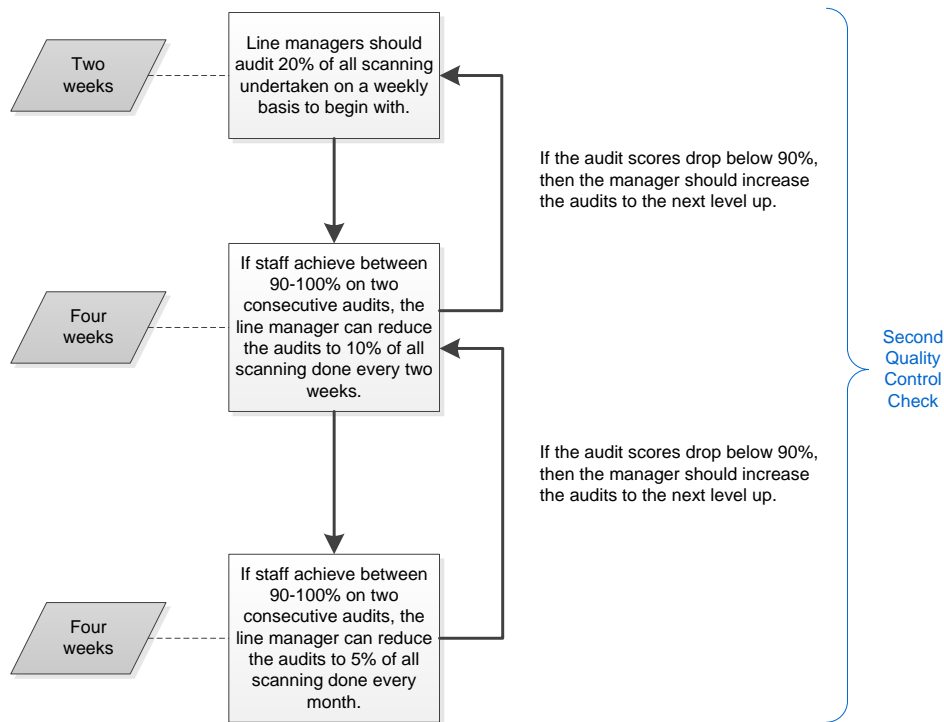


Diagram 7 - Managers' Audit Process

AFTER OBTAINING APPROVAL TO DESTROY ORIGINAL DOCUMENTS

Once the team has been approved to destroy original documents, the managers must continue to audit 5% of all scanning done every month. The scanning staff must keep the originals for two months after scanning to ensure they are available for auditing and if any queries arise. After the two months the originals can be confidentially destroyed.

If, at any point, there are concerns about the team's scanning and/or the manager's auditing, the Records Team may undertake unannounced audits. If this audit verifies the controls are in place appropriately, then the team will be allowed to continue to destroy; otherwise the team will have to start the process again.

2.5 Security of Original Documents

The team/service must ensure that all paper documents containing person confidential information are stored securely during the scanning process and prior to destruction. They must not be accessible to unauthorised personnel.

2.6 Retention and Destruction

Teams can only destroy original documents if they are authorised to do so by the Records Team. Until they are authorised to destroy, teams must securely store the originals with the relevant Scanning Audit in a box or wallet folder, until the Records Team has audited them. Teams must pass audits with 90-100% accuracy before being authorised by the Records Team to start destroying original documents.

When the Records Team authorises a team/service to destroy originals, the team/service must ensure the following.

- a. The originals must not be destroyed immediately after scanning; they must be retained for two months until the quality assurance checks have been completed (ie completion of the Scanning Audit),
- b. the original paper document must be placed in one of the Trust's confidential waste bins for destruction – under no circumstances must original documents be put into domestic bins (eg with black bags),
- c. the Scanning Audit must show when the original documents were destroyed (see Appendix 4), and
- d. the Scanning Audits must be retained electronically for the same period of time as the data (see the Records Management Code of Practice for Health and Social Care 2016 for further guidance or contact the Records Team).

Any paper records volumes marked 'do not destroy' or 'Permanent Preservation' can be scanned, but the paper record volumes must not be destroyed and must be returned to their storage location (eg off-site storage).

2.6.1 Patient Care Records

If a patient's complete paper care record volume is being scanned, rather than individual documents, and once the auditing process has been completed (see Section 2.4), a request for permission to destroy the care record volume must be sent to the Records Team. The volume cannot be destroyed until the Records Team authorises it. See the Record-keeping Procedure for further guidance on the destruction of care records.

Patient Document Tracking must be updated for all scanned care record volumes that have been destroyed as per the Trust's Record-keeping Procedure.

There are some original paper documents that must not be destroyed after scanning such as Mental Health Act (MHA), Do Not Attempt Resuscitation (DNAR), North West Unified Do Not Attempt Cardiopulmonary Resuscitation (uDNACPR) and prescriptions. These must be filed in a Trust-approved care record folder.

Scanned copies of prescriptions must not be used for formal processes, such as serious incident investigations.

3 Monitoring of Compliance with this Procedure

Minimum Requirements to be Monitored	Process for Monitoring	Responsible Individual, Group or Committee	Frequency of Monitoring	Responsible Individual, Group or Committee for Review of Results	Responsible Individual, Group or Committee for Development of Action Plan	Responsible Individual, Group or Committee for Monitoring of Action Plan
Scanning Audits	Operational Audit	Team Managers	On-going (as per Diagram 6)	Team Managers	Team Managers	Team Managers
Scanning Audits (Destruction Approval)	Corporate Audit	Records Team	As Required	Records Team Team Managers	Team Managers	Team Managers
Scanning Audit Spot Checks	Corporate Audit	Records Team	As Required	Records Team	Records Team	Operations Group Information Governance Executive Group (IGEG)
Trust-wide Care Record Audit	Operational Audit	Clinical Audit Team	Annually	Records Team	Records Team Team Managers	Operations Group IGEG

4 Reference Documents

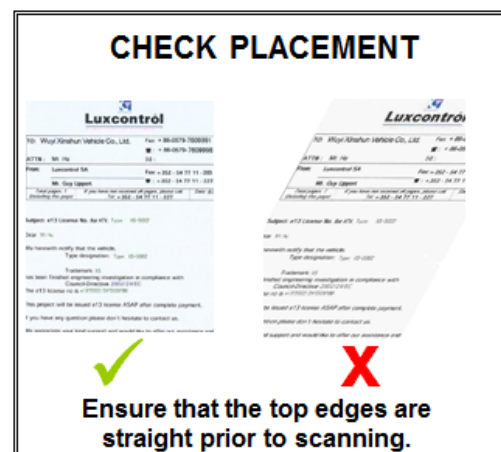
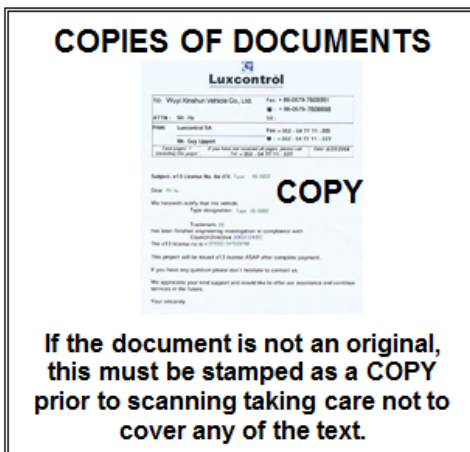
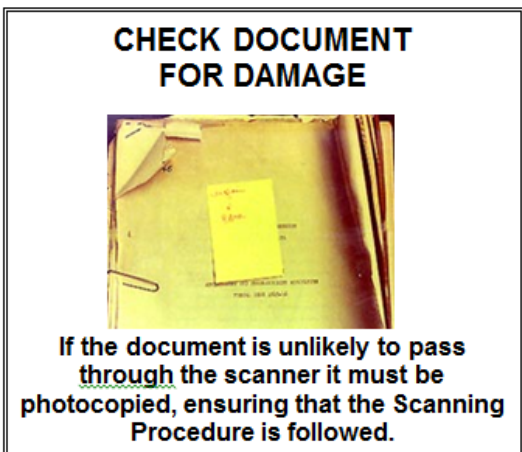
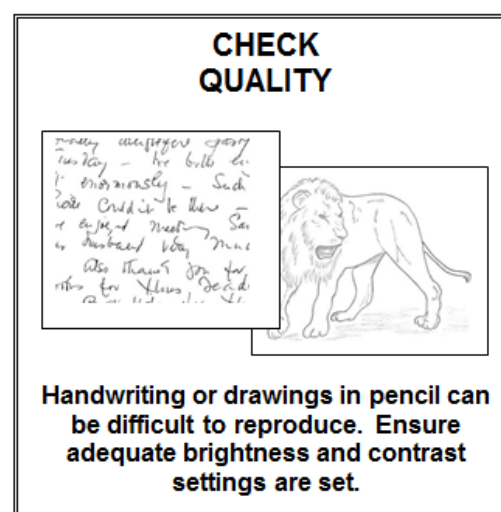
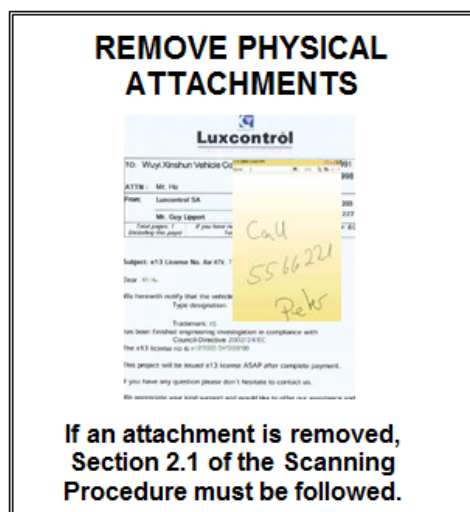
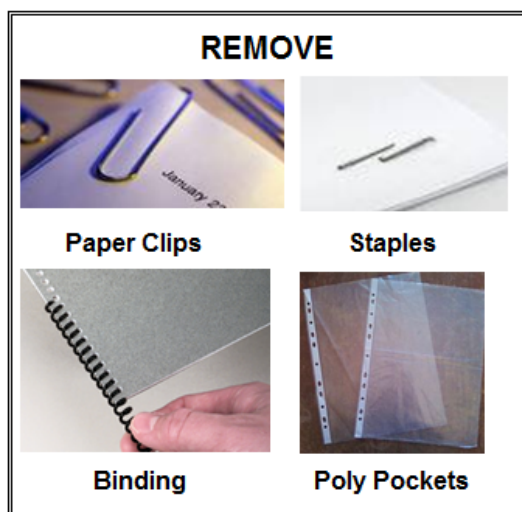
- Briggs, A. (2015) *The smell of forgery: challenging documents in evidence*. Available from Thomson Reuters' Practical Law Dispute Resolution Blog: <http://disputeresolutionblog.practicallaw.com/the-smell-of-forgery-challenging-documents-in-evidence/> (Accessed: 17/10/2019).
- BS 10008:2008 'Evidential weight and legal admissibility of information stored electronically'
- Civil Evidence Act 1995
- Data Protection Act 2018
- Department of Health (2011) NHS Information Governance: Records Management – Digital Document Scanning Guidance
- Freedom of Information Act 2000
- General Data Protection Regulation
- Public Records Act 1958
- Records Management Code of Practice for Health and Social Care 2016

5 Associated Documents

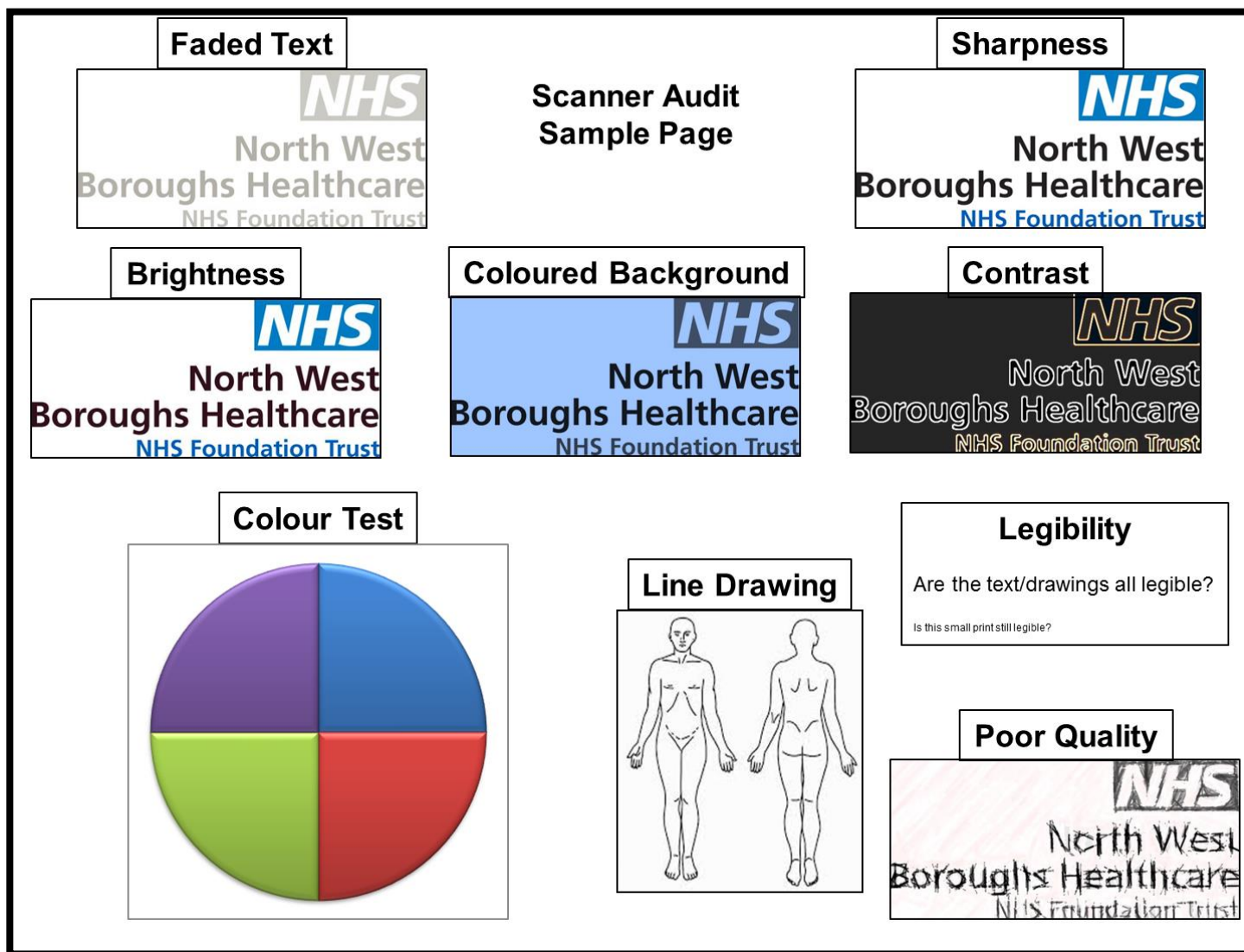
- Record-keeping Policy and Procedure
- Prescribing on Trust Prescription Charts Procedure

Appendix 1 – Scanning Guidance

SCANNING PAPER DOCUMENTS INTO ELECTRONIC PATIENT RECORDS in accordance with BS 10008 Evidential Weight and Legal Admissibility of Information Stored Electronically



Appendix 2 – Scanner Audit



Scanning Procedure

Scanner Audit (Team and Scanner Details)		North West Boroughs Healthcare NHS Foundation Trust
Team Details		
Team Name:	<input type="text"/>	
Service:	<input type="text"/>	
Borough:	<input type="text"/>	
Manager's Details		
Team/Office Manager's Name:	<input type="text"/>	
Phone Number:	<input type="text"/>	
Email Address:	<input type="text"/>	
Scanner's Details		
Scanner's Asset Number:	<input type="text"/>	
	<i>eg SHK012345</i>	
OR		
Scanner's Location:	<input type="text"/>	
	<i>eg Jane Doe's Desk, Room 101, AnyTown Building</i>	
<div>Information Governance Team (Records) Page 1 of 1 Created: 02/10/2019 Records@nwbh.nhs.uk 01925 196435 Scanner Audit Template 191002 v1.0.xlsx Printed: 25/10/2019</div>		

Scanning Procedure

Scanner Audit (Audit Results)

North West Boroughs Healthcare NHS Foundation Trust

Audit Date	Scanner Calibrated	Sample Legible	Colour Accuracy	Brightness	Contrast	Sharpness	Uneven Tones/Flares	Missing Lines or Pixels	Any Spots or Defects
16/10/2019	Yes	Yes	Acceptable	Needs Adjusting	Acceptable	Needs Adjusting	None Visible	Some Visible	None Visible

Scanning Procedure

Scanner Audit (Audit Results)

North West Boroughs Healthcare NHS Foundation Trust

Audit Date	Comments / Actions Taken
16/10/2019	<i>Brightness and sharpness adjusted. Glass cleaned. Audit redone - all areas now acceptable.</i>

Appendix 3 – Scanning Checklist

In order for any document (original, photocopy or fax) to be approved for destruction after scanning, **you must** check if you have completed all of the following requirements:

Preparation of Document

- ☐ Document removed from plastic wallet/envelope.
- ☐ Staples, clips and other document bindings removed and document checked for damage (as may affect quality of scanned image).
- ☐ Document states person's full name and identifying number on every page (both sides) of document. **If missing, can be handwritten or on a label.**
- ☐ Labels are securely attached and not covering any information already recorded on the document.
- ☐ Document old or unlikely to pass through scanner? Photocopy document.
- ☐ Quality of the original document poor? Photocopy document using higher resolution.
- ☐ Photocopied documents must be marked as '**COPY**' on the first page (can be stamped or handwritten, but do not cover any information already recorded on document).
- ☐ Ensure all information on original document has been retained in the photocopy, including any colour.
- ☐ If a good quality photocopy cannot be achieved, contact owner of original document for electronic version, if possible.
- ☐ Any physical attachments obscuring the document have been removed e.g. post-it notes, medical results, etc. and photocopied separately before scanning.
- ☐ Photocopy of physical attachment marked or stamped as '**COPY**' and indexed as being part of the page of the document to which it was attached (person name and identifying number also stated). Page then placed behind original page of document (original page indexed to indicate it has an attachment).

Scanning of Document

- ☐ Scanner set to capture colour and 300 dpi.
- ☐ All pages of document, **INCLUDING BLANK PAGES**, are together and in the correct order.
- ☐ Top edges of document are straight prior to scanning.
- ☐ Scanned image is fully legible and to same standard as original document (all pages, including blanks, have been scanned).
- ☐ Scanned document saved to relevant folder on 'G' drive using person's identifying number as the file name.
- ☐ Documents must not be separated and must be scanned as one individual document.

Uploading Document to Information System

- ☐ Correct record located using person's details.
- ☐ Document uploaded using Trust approved naming convention, where applicable.
- ☐ If information system requires date of the document, this is the date stated on the document and not date of upload. (If document does not have a date, then date received can be used or, if that is not known, the date of scanning.)
- ☐ Document will open on information system.
- ☐ Document deleted from 'G' drive folder.

Scanning Procedure

Appendix 4 – Scanning Audit Tool

Scanning Audit		North West Boroughs Healthcare NHS Foundation Trust																	
Audit Details																			
Date Audit Conducted:																			
Team Audited:																			
Borough:																			
Audit Date Range - From:																			
Audit Date Range - To:																			
No. of Documents Scanned:	<table border="1"> <thead> <tr> <th colspan="6">No. of Documents to be Audited</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>0</td> <td>10%</td> <td>0</td> <td>5%</td> <td>0</td> </tr> </tbody> </table>							No. of Documents to be Audited						20%	0	10%	0	5%	0
No. of Documents to be Audited																			
20%	0	10%	0	5%	0														
Audit Conducted By																			
Name:																			
Job Title:																			
Email Address:																			
Telephone Number:																			
Audit Results																			
No. of Documents Audited:	0																		
Overall Audit Score:	No Audits Conducted																		
Confidential Destruction of Documents																			
Date Documents Destroyed:																			
<p>Documents MUST NOT be destroyed unless the Team has been authorised to do so by the Records Team. See the Scanning Procedure for further details.</p>																			
Information Governance Team (Records) Records@nwbh.nhs.uk 01925 664895		Page 1 of 1 12.3.17 Scanning Audit Tool 191017 v1.0.xlsx.xlsx				Created: 23/04/2019 Printed: 18/10/2019													

Scanning Procedure

Scanning Audit

North West Boroughs Healthcare NHS Foundation Trust

Document	1	2	3	4	5	6	7	8	9	10	11
Identifying Number (eg NHS, Staff, etc)											
Person's Initials											
Document Name											
Document Type											
Document Date											
Is the scanned document saved to the correct person's record?											
Have all the physical attachments (ie staples, paperclips, etc) been removed?											
Have all pages been scanned, including blank pages?											
Has the date of the document been recorded correctly on the system?											
Has the correct naming convention been used?											
What is the image quality?											
If the image quality is "Poor - Not Stamped", have the inaccuracies been rectified?											
Has the copy of the scanned image been deleted from the 'G'/'L' Drive?											
For patient records, if using Barcode Scanning does the document have the correct off-site storage barcode stated?											
Score											