

Appendix 2

Health Records Inventory Form

1 FORM TO BE USED FOR EACH RECORD COLLECTION (ACTIVE & INACTIVE)

RETURN DATE: _____

MANUAL HEALTH RECORDS INVENTORY FORM			
Division/Health and Social Care Partnership		Location	
Directorate/Department/Service			
Contact Name		Telephone No:	

1.	Do you store manual records in the department?	Yes <input type="checkbox"/> If yes, please complete and return the questionnaire No <input type="checkbox"/> If no, please return the questionnaire
2.	Name of the record	
3.	Alternative name of the record (where appropriate)	
4.	Are these records active or inactive?	
5.	Are duplicates of the record held?	Yes <input type="checkbox"/> If yes, where? No <input type="checkbox"/>
6.	Who is responsible for managing the record?	Name : _____ Job Title: _____ Tel No: _____
7.	Format of the record	Paper <input type="checkbox"/> Film / X-ray <input type="checkbox"/> Microform <input type="checkbox"/> Other (specify) _____
8.	Description of the content of the health record	
9.	Why do you create/collect this information?	Patient care/admin <input type="checkbox"/> Research <input type="checkbox"/> Clinical audit <input type="checkbox"/> Other _____ Central returns <input type="checkbox"/> Business/corporate <input type="checkbox"/>
10.	Where does the information come from?	Generated within the department <input type="checkbox"/> Transferred from within the organisation <input type="checkbox"/> Transferred from outside the organisation <input type="checkbox"/>
11.	Does the record contain personal data?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is it identifiable? Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Is access to the record, or information it contains, restricted within the directorate?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, with who is it shared? Does it include access to personal data? Yes <input type="checkbox"/> No <input type="checkbox"/> Why is it shared?
13.	Is the record, or information it	Yes <input type="checkbox"/>

	contains, shared with other members of staff <u>within the organisation</u> ?	No <input type="checkbox"/> If yes, with whom is it shared? Does it include access to personal data? Yes <input type="checkbox"/> No <input type="checkbox"/> Why is it shared?
14.	Is the record, or information it contains, shared with others from <u>outwith the organisation</u> ?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, with whom is it shared? Does it include access to personal data? Yes <input type="checkbox"/> No <input type="checkbox"/> Why is it shared?
15.	How many records are held? (estimate)	Total _____ Active _____ (if known) Inactive _____ (if known)
16.	Is there a register, index etc of the records?	Yes <input type="checkbox"/> If yes, where is it held and how (electronic)? _____ No <input type="checkbox"/>
17.	Where are the records stored?	(e.g. nurses office – etc)
18.	Is there currently sufficient storage available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19.	Will sufficient storage be available in the future?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for how long 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> Other _____
20.	Are these locations secure? (e.g. locked cabinets, locked rooms, stores etc)	All <input type="checkbox"/> Comments Most <input type="checkbox"/> Half <input type="checkbox"/> Few <input type="checkbox"/> None <input type="checkbox"/>
21.	Are any of the stores:	Shared with cleaner, other departments etc <input type="checkbox"/> Outside building (e.g. garage, portacabin etc) <input type="checkbox"/> Structurally unsound <input type="checkbox"/> Evidence of damp, dry rot, pests etc <input type="checkbox"/> Inadequate lighting <input type="checkbox"/>

		Inappropriate/insufficient shelving <input type="checkbox"/> Dirty/messy <input type="checkbox"/> Unsafe to work in <input type="checkbox"/> Other concerns: _____
22.	Do you have a record tracking system should records leave the department?	Yes <input type="checkbox"/> If yes, is it Paper based <input type="checkbox"/> No <input type="checkbox"/> Electronic <input type="checkbox"/>
23.	Is there a business continuity plan for the records?	Yes <input type="checkbox"/> If yes, specify No <input type="checkbox"/> Don't know <input type="checkbox"/>
24.	Have you identified how long the records must be kept?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25.	What action is taken when the retention period is exceeded?	Destroyed <input type="checkbox"/> How
		No action taken <input type="checkbox"/> Why?
		Archived elsewhere <input type="checkbox"/> Where?
		Other <input type="checkbox"/> Specify
NEXT STEPS – Having completed the checklist, for those risks that cannot be immediately addressed, you are encouraged to use this as the basis of a Risk Assessment of physical security in your area of responsibility and to develop an Action Plan to mitigate any risks identified.		
FURTHER COMMENTS If you have any further comments or questions regarding the information you hold (e.g. creation, maintenance, storage, retention, disposal etc) please specify below.		
PLEASE RETURN TO: _____		

