## 1. Introduction and who the guideline applies to:

This guideline applies to all Maternity Clinical Records held by University Hospitals of Leicester Maternity Services. It includes, case notes, hand held notes and loose document filing. The purpose of this guideline is to have clearly communicated governance arrangements for the creation, tracking, storage and retrieval of maternity records. It is applicable to all staff that handles and writes in the maternity records.

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### What's New?

Maternity number is issued to new patients when booking is received at requested hospital.
Document merged with the destruction of maternity records guideline.

### Lead Officer for records issues:

Maternity Administration Manager.

**Related Documents:**

- Creation, Tracking, Storage and retrieval of Maternity Records
- UHL Records Management Strategy
- UHL Records Management Policy
- UHL Information Governance Policy

## 2. Guidance:

### 2.1 Responsibilities:

All clerical staff and clinical staff involved in documenting within the maternity Clinical record have a responsibility to ensure this guideline is complied with.

### *2.*2 Creating the record:

Following the booking consultation, the community midwife sends the personal maternity record electronically on E3 and gives the patient her hand-held booklet.

If this is a first pregnancy, a maternity number is issued once the booking has been received at the booking hospital.

There the details are checked on the HISS system and if a maternity record already exists the previous records are pulled and updated with a new pregnancy section and demographic stickers.

The maternity record folder is retained within the hospital. The patient holds a copy of the E3 and her hand-held notes throughout pregnancy so that it is available wherever and whenever she attends for care. It is retained following delivery and inserted into the main maternity record.

### *2.*3 Tracking:

Maternity records are tracked on the Track IT system so that every move from department to department is recorded thus ensuring that records are always traceable. It is essential that all records are tracked to the correct department and individual who have requested them.

It is the responsibility of the person sending the healthcare records to track them to the intended location (borrower code) on each occasion.

The receiver may also track healthcare records to their own location, which provides a check that the healthcare records have been received.

Current maternity records should be kept available at all times for unexpected admissions. It is therefore good practice for them to be returned to Antenatal file by 16.30 daily.

### 2.4 Storage:

All filing arrangements for current and non-current notes should be consistent.

- Filing arrangements for current notes:
- All notes are filed in alphabetical order in racking in main antenatal records office.

    - During office hours the following staff have access to medical notes:
    - Maternity Administrations Manager / Clinic Co-ordinator supervisor
    - Clinic co-ordinators
    - Ward Clerks
    - Midwives
    - Maternity Receptionists
    - Consultants, Registrars and SHO's

- Out of office hours the following staff have access to medical notes:

    - Evening ward clerks
    - Maternity Receptionists
    - Midwives

Filing arrangements for non-current notes:

- Notes are filed in numerical order in the notes library. The library is situated in the back basement area of the Kensington Building and there are two rooms on the main corridor. Non-current notes are also held in the LGH library situated at the rear of the antenatal records office plus in one other locked area situated on the main corridor. Notes are transferred to offsite storage 6 months post delivery

- During office hours the following staff have access to medical notes:

    - Maternity Administration Manager / Clinic Co-ordinator supervisor
    - Maternity Records Officer
    - Clinic co-ordinators
    - Ward Clerks
    - Midwives
    - Maternity Receptionists

- Out of office hours the following staff have access to medical notes:

    - Evening ward clerks
    - Maternity Receptionist

Blood results. Any reports or letters are filed by the admin staff for the area – Clinic Coordinators, Ward Clerks and MSW's -

All results are checked electronically and actioned where necessary by the Midwives

### 2.5 Retrieval:

Maternity Records staff retrieve and send notes to other departments requiring maternity records and they return the records themselves ensuring they are booked out on the Track It system.

## 3. Retention and Destruction:

- Disposal scheduling is an important aspect of establishing and maintaining control of information. Not all information can be kept indefinitely. As well as representing an asset, information can also impose liabilities on the organisation holding it. Additionally it is important that medical records are not disposed of in an ad hoc manner but is in accordance with agreed policies and schedules. (Disposal Scheduling, The National Archives).

- This guideline applies to all Maternity Clinical Records held by University Hospitals of Leicester Maternity Services. It includes, case notes, hand held notes and loose document filing

### 3.1 RETENTION OF MATERNITY MEDICAL RECORDS

The minimum retention time for maternity records is 25 years after the last patient episode. After this time has elapsed this destruction policy may be used with the following caveats

The following records should be marked on the front cover as "not for destruction" if the following has occurred

- Complaints
- Litigation cases
- Serious adverse events

Identifying and marking records to be retained is the responsibility of the Women's Clinical Management Group (CMG) Clinical Risk and Quality Team, Litigation Team or organiser of perinatal mortality meetings.

### 3.2 DESTRUCTION OF MATERNITY MEDICAL RECORDS

- In order to ensure that *ad hoc* destruction does not happen, a programme should

be decided on an annual basis.

- Maternity records will be requested on a monthly basis and reviewed with ongoing culling as required

- An area is identified to hold records securely between pulling and shredding.

- Identify records where the most recent patient episode is more than 25 years ago. Start with the earliest notes made up which can be identified by the case numbers. *(LGH – Start with M1 onwards, LRI with the lowest numbers and records from peripheral units).*

- Check the front of the records for any instructions for notes not to be destroyed. Do not destroy any records where this is completed.

- Records to be identified and pulled by clerical staff who have received relevant training.

- Documentation should be made of any disposal activity. The numbers/names of the medical records to be destroyed should be entered onto a spreadsheet by the Antenatal Records Manager to provide transparency and an audit trail as recommended in the National Archives document giving guidance on disposal scheduling. Also should be logged on HISS and Track it as 'Dest. – withdrawn case notes'.

- Where records have been inadvertently inappropriately destroyed this should be reported through the incident reporting system and a note put on HISS and Track it 'Destroyed in error'.

- Destruction should be secure and organised through a shredding service such as Shredsafe. If there is a large quantity of records for disposal a special visit by the shredding service may be necessary. At a minimum confidential waste such as this should be crosscut-shredded and laced in paper rubbish sacs for collection by an approved disposal firm. The material should be pulped or burnt.

- Disposal schedules are to be reviewed and monitored via the Medical Records Management Team

## 4. Education and Training

None

## 5. Monitoring Compliance

| What will be measured to monitor compliance | How will compliance be monitored | Monitoring Lead | Frequency | Reporting arrangements |
|---|---|---|---|---|
| Quality of documentation | Documentation audit | | Annual | |
| Quality of condition of records | | | | |
| Incidents of missing records | | | | |
| Incidents of records not tracked | | | | |
| Requests for medical records under the DPA completed within the relevant timescales | | | | |
| Incidents of duplicate / temporary records new records created | | | | |
| Notes destroyed / merged | | | | |
| Ongoing monitoring of the storage facilities | | Maternity clinic co-ordinators | | |

## 6. Supporting References

## 7. Key Words

None

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**The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.**
**As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.**

| DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT | | | |
|---|---|---|---|
| **Author / Lead Officer:** | W Vickers | | **Job Title:** Maternity Administration Manager |
| **Reviewed by:** | W Vickers | | |
| **Approved by:** | Guidelines Group and Maternity Service Governance Group | | **Date Approved:** 16.05.18 |

**REVIEW RECORD**

| Date | Issue Number | Reviewed By | Description Of Changes (If Any) |
|---|---|---|---|
| May 2018 | V1 | W Vickers | No change |
| April 2021 | V2 | W Vickers | Maternity records to be sent electronically on E3<br>Maternity number issued once the booking form has been sent by the community midwife<br>Maternity records now tracked on the 'Track it' system<br>Records now stored in alphabetical order in racking |
| October 2023 | V3 | W Vickers | Maternity number is issued to new patients when booking is received at requested hospital<br>LGH Porter removed from the staff with access to notes.<br>A/N &P/N Results filing sections removed and replaced with statement - Blood results. Any reports or letters are filed by the admin staff for the area – Clinic Co-ordinators, Ward Clerks and MSW's -<br>All results are checked electronically and actioned where necessary by the Midwives |