

Adoption Record Keeping Protocol

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Adoption Record Keeping Protocol

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1			Oct 2012	J Burbidge
2	2.4	'Known as' amended	Feb 2013	J Burbidge
3		General Update	January 2015	J Burbidge
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Adoption Record Keeping Protocol

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• Adoption Record Keeping Protocol

Protocol Statement

Background	Children are entitled to grow up as part of a loving family which can meet their needs during childhood and beyond. Currently when a child has been legally adopted a new identity is created for the child in place of their existing one (birth record). This includes transferring all relevant medical records to the new identity. Although there must be no link between pre and post adoptive medical records, there needs to be a system in place to retrieve confidential pre adoption health/medical information at such times as deemed necessary to maintain a child's health and welfare as they grow and develop.
Statement	The child's welfare, safety and needs will be at the centre of the adoption process. Children are entitled to support services that meet their assessed needs. This will include information from agency records, including health records. Practitioners must be aware of their responsibilities of recording health information within a child's correct record when they are in the process of adoption to the time of legal adoption.
Responsibilities	It is the responsibility of each member of staff to be aware of this requirement and work within the parameters of this protocol. Compliance with the protocol will be the responsibility of all managers and employees.
Training	Relevant for practitioners working with looked after children and children in the process of adoption. Protocol to be included in record keeping training.

INTRODUCTION

1.0 Adoption is a legal process. It transfers all legal rights and responsibilities relating to child from its birth parent to approved adopters. The birth parent ceases to be the child's parents in law and have no further legal rights and responsibilities in relation to the child. The child receives a new birth certificate and takes on the surname of the adopters once an adoption order has been granted by the courts (refer to 2.4 below). When a child has been legally adopted a new identity must be created for the child in place of their existing one. This includes transferring all relevant medical records to the new identity. There must be no link between pre and post adoptive medical records.

1.1 Children placed for adoption remain looked after until the adoption order is made. It is proposed that the practice of issuing a new NHS number when a child is adopted should be brought to an end. This is because important medical records are being lost due to the introduction of new NHS numbers. There is still no national policy on this matter. Hospital records, General Practitioner and community records are all treated separately by different agencies.

1.2 Arrangements should be put in place for local authorities to request the shielding of demographic data in the medical records of children placed for adoption where, after a risk assessment, it is deemed necessary (i.e. in the cases where birth family members will use all endeavours to trace an adopted child). This should be done through the NHS Information Centre applying the "S" flag in the NHS Connecting for Health system. (DH/DCSF 2009)

2.0 PURPOSE

2.1 This protocol will outline the accountability and responsibility for staff working with looked after children who are placed for adoption and involved with the adoption notification arrangements.

2.2 This protocol will support users in the process of child health record management for children who are in the adoption process. This includes the registration of children on TPP SystemOne who have:

- been placed with prospective adopters or
- been legally adopted by the placing of an adoption order.

2.3 When a child has been legally adopted a new identity must be created for the child in place of their existing one. This includes transferring all relevant medical records to the new identity. There must be no link between pre and post adoptive medical records. This includes the inclusion of information from the pre adoptive record into the post adoptive record that may identify the child, for example the names of health centres/GP practices where treatment has occurred.

2.4 Until the time when the legal adoption order occurs the child must continue to be registered as their birth name. The child MAY NOT be known by a new surname (Adoption and Children Act 2002).

3.0 KEY PRINCIPLES WHEN THINKING ABOUT HEALTH RECORDS IN ADOPTION

3.1 Continuity of the clinical records: The entire clinical record should be maintained intact, whichever system is in use. It is impossible to know today what information will be useful in the future, particularly with medicine advancing so rapidly. Therefore, **clinical records in the child's original name and NHS number must not be deleted**. A summary is insufficient.

3.2 Protection of the new placement: There should be a way to ensure that demographic details of the new placement are protected from any birth family members who might wish to interfere.

3.3 Confidentiality: Although most adoptions today are open, it is important to ensure that handling of clinical records does not inadvertently breach confidentiality, for instance, to a child who does not know they are adopted, or to reveal demographic information or sensitive details / information to an adopted child or young person before they are ready or prepared for it.

3.4 Third party information: It is important to keep in mind that child records may contain family demographic, health and social information. Inadvertent sharing of this information with the child or their adoptive family, without consent from the party of concern, is a breach of confidentiality. There may be situations where the practitioner makes a decision to share relevant third party health information without consent, but this requires careful thought, and is not the subject here.

4.0 PATIENT DEMOGRAPHIC DATA

4.1 NHS Patients have no legal right to prevent demographic data being stored in the Patient Demographic Service (PDS) and the Government has determined that this will be the authoritative source of NHS demographic information. We therefore cannot comply with requests for data not to be held in the PDS.

4.2 Information contained within a patient's demographic record is available to an NHS health care professional where:

- They are authorised to use the system
- They have located the patient using their demographics details or NHS Number
- There is a business reason for doing so

4.3 There are certain classes of patient where further restrictions are required. Access to demographic records can be restricted in the following circumstances:

- Adoptions (or fostered children)
- Armed forces personnel and service dependents
- Gender reassignment
- Mental health patients
- Prisoners

Guidance on these restrictions can be found via:: www.hscic.gov.uk

5.0 THE NATIONAL ADOPTION PROCESS

5.1 Adoptions are legally regulated by the Adoption and Children Act 2002 and the Statutory Guidance on Adoption (DE 2013). The Department for Education previously known as the Department for Children, Schools and Families (DCFS) has the overall responsibility.

5.2 The General Register Office (GRO) for England and Wales (a section of the UK Identity and Passport Service) maintains a record of adoptions made on the authority of the Courts in England and Wales in the Adopted Children Register. It is from this Register that adoption certificates are issued.

5.3 The GRO notifies the Personal Demographics Service (PDS) National Back Office (NBO) who create a new identity for the child and request the records of the child from their previous GP. The records are transferred to the new identity and forwarded to the child's new GP.

5.4 A new record on the PDS is created by allocating a new NHS Number for the child. The newly created PDS record contains only the post adoption details, and replaces the child's original PDS record. There must be no link between the child's pre and postadoptive details.

5.5 The old NHS number is withdrawn so it can no longer be used.

6.0 THE LOCAL ADOPTION PROCESS (refer to Appendix1)

6.1 Children are placed with prospective adoptive parents prior to legalisation of adoption taking place. Lincolnshire County Council (LCC) are responsible for informing Lincolnshire Community Health Services Trust (LCHST) of the Child's placement and the legalisation of the adoption.

6.2 Adopters or prospective adopters need to be aware that they have a very important role in ensuring complete separation between their child's previous and new identities.

- 6.3 LCC send a **Notification of Placement letter** (yellow paper) that the child has been placed with Adoptive Parents identifying the prospective Child's new surname, address and the date of the notification. The following process should now be followed by the health service coordinator (HSC):
- Maintain a file with Notification of Placement letters (yellow paper) in alphabetical order.
 - Enter Notification of Placement letter onto the 'cross reference adoption sheet' maintained in secure file
 - Pre-set reminder on child's SystemOne health record :
– **'Do not change name'**

NB If Child's name has been changed to Prospective Adoptive Name but no legalisation document has been received from LCC - check status with LCC. If no Legalisation has taken place contact or 'Task' on S1 the individual who changed the name and request them to "Mark In Error" the entry. Until the time when the legal adoption order occurs the child must continue to be registered as their birth name. (Refer to Section 2.4)

- 6.4 LCC send a **Notification of Legalisation letter** (yellow paper) that the child has been legally adopted. The following process should now be followed by the HSC:
- On SystemOne access the child's health record remove LAC flag/ symbol using date of adoption as the ceased to be looked after date and access the "Reminder" tab.
 - Make "High Priority" and insert the following text:
DO NOT USE THIS RECORD AND DO NOT MERGE RECORD WITH ANY OTHER. THIS PATIENT RECORD IS CLOSED AND IS NOT TO BE ACTIVATED UNDER ANY CIRCUMSTANCES OR TO HAVE ANY FURTHER INFORMATION ADDED.
 - Access "Patient Maintenance" – "Security Control Procedure" – under "**Deduction**" mark with ✓ - drop down box appears – select "Adopted Child" – OK. This will deduct record in child health unit.
 - Remove LAC name and information from e.g. form packs, health assessment spreadsheet
 - Locate "Notification of Placement" letter from file, attach to "Notification of Legalisation" and re-file under Child's new name
 - Scan and file notifications electronically in secure folders (one placement and one legalisation) under NHS number/enter on a spreadsheet for cross referencing. Retain paper information following scanning guidance - for one month then shred.
 - SEND SECURE E MAIL TO CHILD HEALTH RE: ADOPTION

6.5 The following process should now be followed by the child health department:

- REGISTER CHILD IN NEW NAME WITH NHS NUMBER (if available)
- If NHS number not available child health will monitor and task HSCO when new NHS number known
- Access child's deducted health record (previous name) – transfer Vaccination/Immunisations and NBBS result (for children aged under 1 year) into new identity record
- Note all open shares, active referrals that may need to be re-opened in new identity.
- Child registered with their new Identity within the relevant unit/s
- Relevant referrals are opened and assigned to caseload.
- Child's pre adopted record is deducted in relevant unit/s.
- In the child's electronic health record with the new identity with new NHS number Child Health Service Manager/Clinical Systemone Lead will enter in the INFORMATION box of the LCHS Community Child Health Summary template that:- *A previous health record exists for this child. For further information please contact the Child Health Service Manager/Clinical Systemone Lead.*
- Pre-set task is sent to the identified practitioner/team to whom the child is allocated to inform them that the child is now registered with their new identity. **THIS TASK MUST BE SENT OUTSIDE OF THE PATIENT RECORD**
- Identified health practitioner(s) to whom the child is allocated will record relevant health information from the pre adoption child health record into the LCHS Community Child Health Summary template in the child's electronic health record with the new identity with new NHS number (Appendix 2 - LCHS Community Child Health Summary template)

7.0 ELECTRONIC HEALTH RECORDS- MARKING 'IN ERROR'

7.1 When a young person has been legally adopted

The Child Health Service Manager/Clinical Systemone Lead will ensure:

- If any information has been recorded in the child's pre adoption (old/birth) electronic record **after** the legalisation date, it will be clinically transposed removing reference to e.g. pre -adoption name.
- The 'anonymised' information will be recorded in the new identity record (New NHS Number) using the dates and times the original contact was undertaken.
- **'Mark in Error'** the transposed information in the 'old' record and then mark for **'PERMANENT REMOVAL'** following the **'REMOVAL OF PATIENT DATA FUNCTIONALITY'** (Appendix 2)
- ULHT Medway helpdesk is informed of new NHS number. Hospital now use Medway as their patient administration system (PAS)
- A secure e mail will be sent to the Community Paediatrician with lead for adoption notifying that the child has been legally adopted and a request for relevant health information from the pre adoption record/summary from medical advisor's report to be recorded in the **'SUMMARY BOX'** of the LCHS Community Child Health Summary template in the child's electronic health record with the new identity with new NHS number (Appendix 2 - LCHS Community Child Health Summary template)

8.0 IMPORTANT POINTS TO REMEMBER:

8.1 Until a child is legally adopted their name **MUST NOT BE CHANGED**

8.2 Until a child is legally adopted their record in SystemOne will have the national LAC flag and also the 'glasses' flag (which is only used in Lincolnshire).

8.3 Ongoing vigilance will be required to ensure that details relating to the child's previous identity are not inadvertently recorded within the new identity's record.

8.4 No demographic details or relationships relating to the child's new identity should be recorded in the old identity's record.

8.5 No demographic details or relationships relating to the child's previous identity should be recorded in the new identity's record.

8.6 No information, such as a historic hospital letter (other than a summary of the episode), should be entered into either record that could link the child's previous and new identities

8.7 There should be no alert on the record to state that the child is adopted.

8.8 A process is required for removing details from either the previous or the new identity's record, which have been entered by mistake and link the child's previous and new identities.

8.9 Information held in the parent held record (red book) should be transferred in line with local policy; considerations should be given to the fact that this may contain third party information

8.9.1 **CONFIDENTIALITY:** Avoid the use of 'ADOPTION' in the child's health record with the new identity and new NHS number. The disclosure of the adopted status of a child without consent or appropriate legal gateway would be in breach of the Data Protection Act. Staff are also bound by the Common Law Duty of Confidentiality and Professional Codes of Conduct

9.0 CHILDREN PLACED OUT OF COUNTY AND EXTERNAL LOCAL AUTHORITY PLACEMENTS OF CHILDREN FOR ADOPTION IN LINCOLNSHIRE

9.1 Regardless of where children are placed, their records need to be transferred, and there are a variety of mechanisms in use. In some regions, it appears that transfer of health records is triggered by the new NHS number. In other areas, the Medical Advisor/ LAC team ask the adoptive parent/s who their GP is, and then arrange transfer of records that way - i.e., child focused, rather than via NHS number and central agency. This may also

mean a faster transfer of records, which is helpful. There may be other means by which this occurs as well

- 9.2 When a child is placed in Lincolnshire by an external local authority and the child becomes legally adopted, the health service coordinators require confirmation either:
- a Notification of Legalisation letter or
 - an e mail with the child's pre and post adoption details from the external local authority

APPENDIX 1
Local Adoption Record Keeping Process

This document has been added to the end of the Protocol

Summary

Practitioner should identify if child is at age appropriate development and achieving expected milestones. Summarising current progress alongside any recent supportive intervention. Referrals or contact from specialist services.

Record weight head circumference and length using Growth Monitoring button.



Please indicate if child has any equipment.

<input type="checkbox"/> Equipment	
<input type="checkbox"/> Continence Material	

Child developmental age

Summary of past medical history including childhood diseases

Past medical history and childhood diseases

Referral/Action Plan

Outline current referrals to services, identifying the services and outcome of this if known, i.e. currently on waiting list, or first appointment offered

Referral to service

Please record any actions from Community Services for this child at the last assessment, so smooth transition of support and care can be undertaken

Action plan (community)

Please enter significant family health history

Family health history

Please enter Birth History including where known: place of birth, birth weight/length/head circumference (include centiles), apgar score, Guthrie result, neonatal hearing screen

Birth history

Summary report

PROCESS FOR TRANSPOSING CLINICAL DATA IN ADOPTION RECORDS

For audit trail reasons, it is not possible to permanently delete information from a patient record unless the 'Removal of Patient Data' is requested.

For legal reasons the information will be held within a secure repository, will not be visible in the record and can only be retrieved through the System Supplier.

When a Child is legally adopted, the Court approving the adoption will issue a Certificate of Legalisation. They are issued with a New NHS Number and a new Birth Certificate. The old NHS Number is invalidated. Entries in the pre-adoptive record may involve name changes or merging of records and can occur after the date of legalisation.

Entries after the Legalisation Date should be moved to the new identity and there should be no linkage between the old or new identity.

The pre-adoptive record should be closed down in S1 and a new record created with the new NHS Number.

Entries that require removal and transposing to the new identity require each entry to be 'marked in error' and notification to the Practitioner to action. Once these have received action, a 'Removal of Patient Data' is requested which is time consuming and labour intensive.

A new process will involve a Clinical Lead who will have ultimate responsibility for assessing the content in the pre-adoptive record and identify appropriate entries for removal to the post- adoptive record.

The nominated Clinical Lead will be required to undertake additional Information Governance Training to ensure an appropriate level of understanding is met.

The Training will be undertaken annually through e-learning to align to the IG Training Strategy and will consist of the following modules;

- Records Management and the NHS Code of Practice
- Records Management in the NHS
- The importance of Good Clinical Record Keeping

How to Transpose Information and request a 'Removal of Patient Data'

1. Clinical Lead identifies all entries required for transposing to the new record.
2. Clinical Lead will transpose using copy and paste function.
3. Any entries which use previous name, has adoption, 'known as' or anything in relation to the adoption will be removed so the information has no linkage.
4. A request will be made from the Clinical Lead for the 'Removal of Patient Data' from the pre-adoptive record. Only a user who has the appropriate Caldicott Guardian Access can approve / reject the request. This will be, in most cases, the IG Lead.
5. Subject to the request, the data will be checked in both records by the Clinical Lead and IG Lead to ensure it meets the criteria before the request is approved.

This process will ensure that data is transposed accurately and in a timely manner to ensure that pre-adoptive records are closed down at the earliest opportunity to ensure data is not entered after Legalisation.

It will also support patient care by ensuring records are accurate and transition is seamless.

This will also support robust Records Management and linkage with departments within the Trust that manage these records.

NHSLA Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Number of records completed for legalisation of adoption	Adoption spreadsheet	Safeguarding Governance Group(S GG)	Quarterly monitoring Annual reporting	Safeguarding Governance Group	Safeguarding Governance Group	Safeguarding Governance Group

Equality Analysis

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	To provide information and guidance so that all those working in the field of health comply with their commitment to protect children and young people placed for adoption, to the time of legalisation of adoption and beyond, through their participation in adoption record keeping and management		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	All Staff and Service Users		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of out a full Equality Analysis which she Rights Lead - please go to	the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human		
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Elizabeth Bunney		
Date:		01.06.2020		

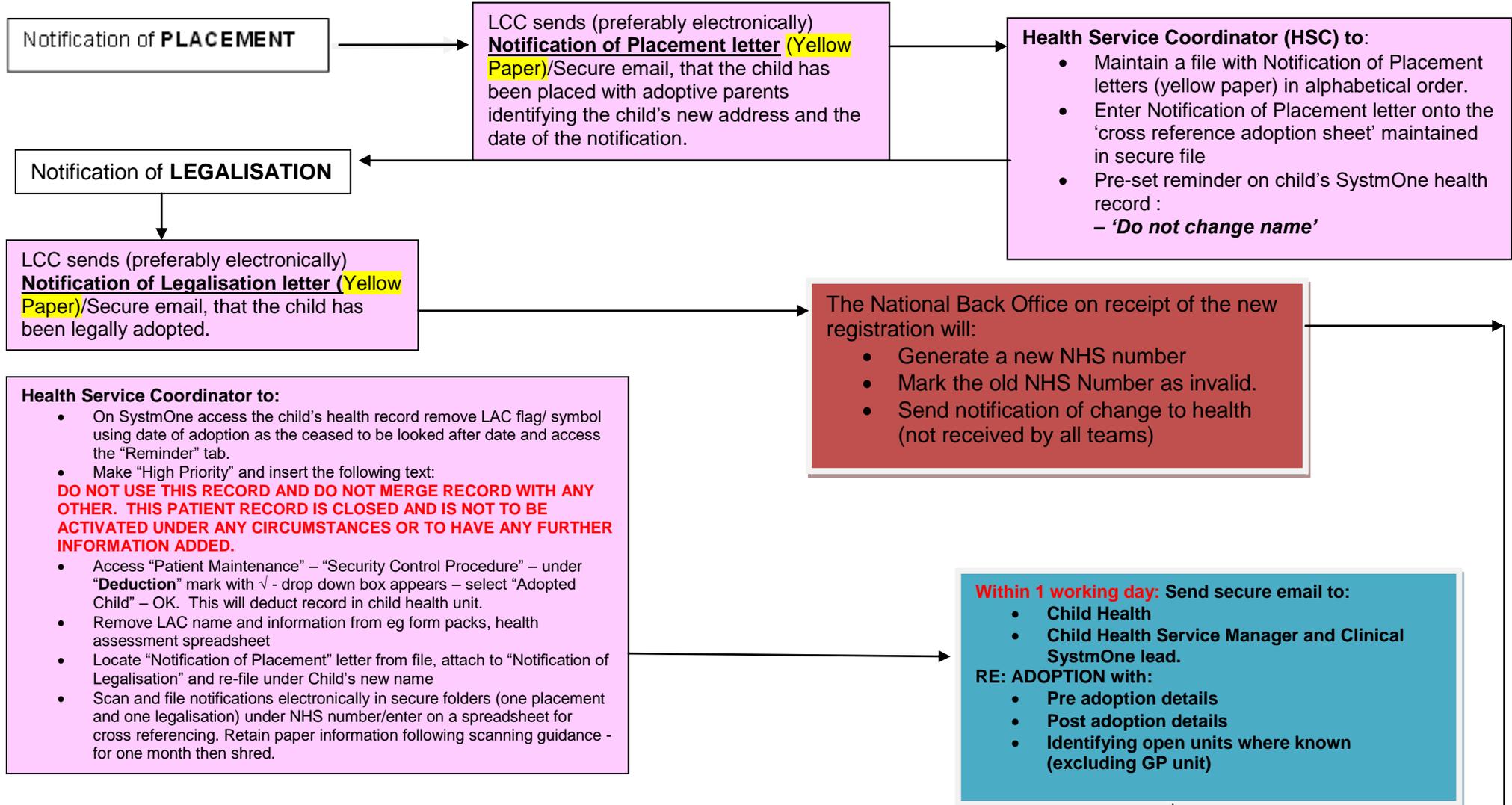
ADOPTION PROCESS

APPENDIX 1

Children are placed with prospective adoptive parents prior to legalisation of adoption taking place. Lincolnshire County Council (LCC) are responsible for informing Lincolnshire Community Health Services NHS Trust of the child's placement and the legalisation of the adoption.

If a child is placed in Lincolnshire by an external Local Authority, they are responsible for informing Lincolnshire Community Health Services NHS Trust

Until a child is legally adopted their name MUST NOT BE CHANGED



Within 1 working day: The Child Health Service Manager /Clinical SystemOne Lead will ensure:

- Note all open shares, active referrals that may need to be re-opened in new identity.
- Child registered with their new Identity within the relevant unit
- In the LCHS Community Child Health Summary template enter: *'A previous health record exists for this child. For further information please contact the Child Health Service Manager/Clinical SystemOne Lead'*
- Relevant referrals are opened and assigned to caseload.
- Child's pre adopted record is deducted in relevant units.
- Pre-set task is sent to the identified practitioner/team to whom the child is allocated to inform them that the child is now registered with their new identity. **THIS TASK MUST BE SENT OUTSIDE OF THE PATIENT RECORD**

Within 1 working day Child health to:

- **REGISTER CHILD IN NEW NAME WITH NHS NUMBER (if available)**
- **If NHS number not available Child health will monitor and task HSCO when new NHS number known**
- Access child's deducted health record (previous name) – transfer Vaccination/Immunisations and NBBS result (for children aged under 1 year) into new identity record

Within 14 days:
Identified health practitioner(s) to whom the child is allocated will record relevant health information from the pre adoption child health record into the **LCHS Community Child Health Summary** template in the child's electronic health record with the new identity with new NHS number

Within 14 days FOR ELECTRONIC MEDICAL/HEALTH RECORDS
A secure e mail will be sent to the Community Paediatrician with lead for adoption notifying that the child has been legally adopted and a request for relevant health information from the pre adoption record/summary from medical advisor's report to be recorded in the **'SUMMARY BOX'** of the LCHS Community Child Health Summary template in the child's electronic health record with the new identity with new NHS number

Within 4 working days: Child Health Service Manager/Clinical SystemOne Lead will ensure:

- If any information has been recorded in the child's pre adoption (old/birth) electronic record **after** the legalisation date, it will be clinically transposed removing reference to e.g. pre -adoption name.
- The 'anonymised' information will be recorded in the new identity record (New NHS Number) using the dates and times the original contact was undertaken.
- **'Mark in Error'** the transposed information in the 'old' record and then mark for **'PERMANENT REMOVAL'** following the **'REMOVAL OF PATIENT DATA FUNCTIONALITY'**
- ULHT Medway helpdesk is informed of new NHS number. Hospital now use Medway as their patient administration system (PAS)

Health practitioner(s) to task child health informing that **SUMMARY TEMPLATE** has been completed

Community Paediatrician to task child health informing that **SUMMARY BOX** has been completed

When a child is placed in Lincolnshire by an external local authority and the child becomes legally adopted, the health service coordinators require confirmation either:
1) a Notification of Legalisation letter or
an email with the child's pre and post adoption details from the external local authority

Information held in the parent held record (red book) should be transferred in line with local policy; considerations should be given to the fact that this may contain third party information

CONFIDENTIALITY: Avoid the use of **'ADOPTION'** in the child's health record with the new identity and new NHS number. The disclosure of the adopted status of a child without consent or appropriate legal gateway would be in breach of the **Data Protection Act**. Staff are also bound by the **Common Law Duty of Confidentiality** and **Professional Codes of Conduct**