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Thank you for your e-mail dated 12 June 2015 to the Ministry of Defence (MOD) in which you made the following request for information:

- 1. I would like to know how many instances of medical records of military personnel being mislaid have been reported/logged for the last 5 year period, if possible broken down by service (I suspect location may be too much to ask).
- 2. More specifically I would like to know the number of instances of missing medical records recorded by the various Military medical establishments at Colchester Garrison in Essex for the last 5 years.
- 3. Could you also provide me(or point me to where the policy is published) with the MOD policy on handling such losses of personal data.

Your enquiry has been treated as a request for information under the Freedom of Information Act (FQIA) 2000. The MOD can confirm that it holds some of the information within the scope of your request. However, we will not be able to answer your request without exceeding the appropriate limit. In order to locate, retrieve and extract information requested. Section 12 of the Act makes provision for public authorities to refuse requests for information where the cost of dealing with them would exceed the appropriate limit, which for central government is set at £600. This represents the estimated cost of one person spending 3.5 working days in determining whether the department holds the information, and locating, retrieving and extracting it.

In answer to your first two questions, we do not hold a central log recording instances of mislaid or missing medical healthcare records.

The Defence Medical Information Capability Programme (DMICP) is the source of electronic integrated healthcare records for Defence Primary Healthcare (DPHC) and some MOD specialist care providers. In addition the Central Healthcare Records Library

(CHRL) holds electronic secondary healthcare records. There have been no security reports for either system detailing any loss of data. Furthermore there have been no performance issues reported for the two electronic repositories that would suggest any loss of records.

The MOD Automated Significant Events Reporting System (ASER) is the primary means by which medical units report 'Significant Events'. A 'Significant Event' is defined as an individual episode in which there has been a significant occurrence (either beneficial or deleterious) in the care of a patient; the conduct of the medical or dental research; or concerning the infrastructure of a clinical facility in which care is delivered. This includes the supply and issue of medical or dental material and pharmaceuticals. The term 'Significant Event' incorporates all terms such as patient safety incidents, adverse incidents, adverse or positive events and near misses where harm, or potential harm, have occurred.

There is therefore potential for instances of loss of medical records to be captured on this system but ASER may not contain information on all cases of lost medical records as there may have been incidents that were not reported as significant events. Furthermore, data is not available from ASER for the full time period requested. A staged roll-out of ASER began with DPHC facilities in June 2013 and was complete in February 2014.

The MOD may be able to provide some information within the scope of your request if you reduce or refine your request to bring the cost of compliance under the limit. Under section 16 of the Act (Advice and Assistance) the MOD can confirm that we can provide the following information if requested:

The number of recorded losses of medical records (including/excluding dental records) that have been reported to the automated significant event reporting system since its use began in 2013, with a geographical location breakdown. This will be significant events reported under the main classification of 'Documentation' with a process category of 'Charts/medical records/assessments/consultants' and a problem category of either 'Lost in transit or Missing/unavailable'

A small proportion of the patients seen at Defence Medical Service (DMS) facilities are entitled civilians and it is not possible to determine whether a significant event report relates to a service person or entitled civilian. Those significant event reports without patient identifiers may have involved entitled civilians and not military personnel as the question states. There may be cases of lost medical records that have been given a different classification to those listed above, either in error or because there was an additional important theme for that particular event. These would not be included in our response.

In answer to your third question, Joint Service Publication (JSP) 950 leaflet 1-2-11 (copy attached) covers the movement of medical records in a secure manner to mitigate the risk of loss. A policy specific to the loss of medical data is currently being worked on and this will be incorporated with JSP 950 in due course.

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1st Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <a href="https://www.ico.org.uk">https://www.ico.org.uk</a>.

Yours sincerely,

**Headquarters Surgeon General Secretariat** 

