

SAR Process

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- Information Rights Manager (IRM).
- Information Rights Co-ordinator (IRC).
- Responsible clinician (RC).
- Senior Manager (SM).
- Information Rights Officer (IRO)
- Associate Director of Information Governance (AD of IG).

Day	Action	Action by	Checklist
1	SAR received (email or post). SAR assigned to Case Handler The ATR inbox is only to be accessed by the IRC & IRM	IRM / IRC	✓ Is the request actually a SAR request or is it a request for specific information etc. that should be forwarded to the relevant clinician to respond to or a transfer of care to be actioned by the IRC. ✓ Is the request for Beds and Luton Adult or CAMHS mental health, Tower Hamlets adult mental health services or Newham adult mental health services? If not, then check who the relevant SAR Lead is and forward to them. ✓ Ensure the request is saved in the relevant sub folder and added to the relevant tab on the SAR spreadsheet. ✓ If the email in anyway indicates a possible complaint, this must be forwarded to the AD of IG for information. ✓ If the email is from the ICO, it must be forwarded IMMEDIATELY to the AD of IG. ✓ If a request indicates there is a claim or potential claim against the Trust, this is sent to the legal team for their information, copying in the AD of IG.
2	SAR logged, file opened. Case files should be named under the service user's name – last name then first name	IRC	✓ Who is the request from? i.e, patient, solicitor, police, friend or family member? ✓ Who is the patient? ✓ Is the patient alive or deceased? ✓ What records are they asking for? i.e, clinical records, emails, letters, reports, telephone recordings, CCTV? ✓ Do we need ID? ✓ De we need consent or authority? ✓ Do we need clarity on what records are needed? i.e, which service, date range etc? ✓ Do we need evidence of access rights if patient is deceased.

2	Send acknowledgment.	IRO	Which acknowledgment needs to be sent? Ensure it is the template for the correct type of requester and asks for any outstanding information needed to process the request or the “accepted” acknowledgement if nothing else is required. If patient is alive, ensure to send SAR template. (1 month to respond by.) If patient is deceased, ensure to send ATHR template. (21 calendar days to respond by.) If the requester is a Solicitor or Police asking for ALL records, ensure to send the acknowledgement asking for further information. Ensure the first bullet point is included asking them to specify which records are needed, not just all.
If ID, consent / authority or further information is required then the clock pauses until it has been received when the clock starts again.			
3	Receive any outstanding ID, consent / authority or further information.	N/A	N/A.
3	Check the ID, Consent / Authority is appropriate.	IRO	✓ The ID should ideally consist of photo ID such as a driving licence or passport. It should also contain proof of address such as a utility bill or bank statement. Proof of address should be dated within the last 6 months (good practice). ✓ Consent or authority should also be dated within the last 6 months (good practice). ✓ Consent or authority must clearly detail what the patient is giving consent to, i.e. which records, and who to send the records to.
3	Check dates for all required actions and enter them into the Access to Records outlook calendar.	IRO	N/A.
3	Start collation of records.	IRO	✓ Check the scope of the request before deciding which systems etc to go to, to collate the records. The following systems may need to be checked Systems: ✓ Rio ✓ EMIS ✓ SystmOne ✓ Care Path ✓ Restore – Bedfordshire and Luton only

			✓ Iron Mountain –London ✓ Datix ✓ IAPTus ✓ JAC Non systems: ✓ Staff emails ✓ Shared drives
3	Ascertain who the RC / SM is who will need to review and approve the records for release.	IRO	✓ Check the records to see who the latest consultant was that treated the patient. If it is not obvious who this is, email the relevant Head of Admin to ask them to advise who the appropriate RC will be. If it can still not be determined who the RC is, discuss with the IRC or IRM who to send the records to for review and approval. It MUST be a consultant or senior clinician with authority to approve or a senior manager if the records are not clinical. NOTE: For all Newham cases, email [REDACTED] to ask who the appropriate RC is.
3	Email the RC / SM to advise they will be receiving records to review shortly and advise them approximately how many records there are. There is a template email for this.	IRO	N/A.
10	Create sub folder, within case file, called 'Original Records' Save all records collated within this folder.	IRO	
10	Create sub folder, within case file, called 'Redacted Records'. Combine into one PDF document all records collated so far. This should be done using Adobe Pro. Save into the Redacted Records folder. Repeat this as and when more records become available, i.e, from IT or archive records.	IRO	N/A
10	Begin review of the combined document and apply suggested redactions using Adobe Pro redactions software.	IRO	✓ Ensure when reviewing the records that anything that is not within the scope of the request is either removed from the combined PDF record or redacted. ✓ Look for 3rd party names detailed within the records and decide if it is likely if the patient / requester would know if the 3rd party references would be there.

	Repeat this as and when more records become available, i.e, from IT or archive records. If records have been received in batches ensure that once they have been reviewed that they are combined into one PDF document.		I.e, record states that patient attended an appointment with their sister. It would be reasonable to assume that the patient knows that their sister attended the appointment with them and does not need to be redacted. If the record states that the patient's friend contacted the clinician to raise concerns about the patient, it is reasonable to assume that this information was given by the friend in confidence and the patient does not necessarily know that their friend this did and therefore any part of that reference including the friends name and the conversation had, should be redacted. Any clinician or staff member named within the records is unlikely to require redaction as it would be reasonable to assume that the patient / requester knew their name. Junior staff member's names could be redacted if it is unlikely that the patient / requester knows who they are, such as a receptionist or junior admin staff member. If there is reference within the records that would suggest releasing a staff members name could potentially cause them harm or distress then it should be redacted. ✓ Any reference within the records that could have the potential to cause harm or distress to the patient / requester should be redacted, however it is usually more appropriate for the responsible clinician or senior manager to decide if this is required.
By day 15	Send the combined records to the RC / SM for review and approval for release. Request the clinician review and confirm approval by day 20.	IRO	✓ Check who the RC / SM is from the action on day 3. ✓ Ensure to attach the RC audit form as an attachment to the email. ✓ For Beds, Luton and Newham use the form for second line review. ✓ Ensure to send details or the actual request so the RC understands the scope of the request. This could be the form completed by the requester or an email from them confirming which records are required. ██ ██ ██
18	Send reminder to RC / SM that they need to confirm approval by the deadline given in previous step.	IRO	N/A.

20	If no response from RC / SM, send a chase email.	IRO	N/A.
22	If no response from RC / SM, escalate to IRC.	IRO	N/A.
22	Chase RC / SM.	IRC	N/A.
24	Chase RC / SM.	IRC	N/A.
26	If no response from RC / SM, escalate to IRM.	IRC	N/A.
26	Escalate to Associate Clinical Director (ACD).	IRM	N/A.
28	Chase ACD.	IRM	N/A.
30	If no response from RC / SM, escalate to AD of IG.	IRM	N/A.
20	As soon as the RC confirms their approval apply the redactions previously highlighted using Adobe Pro.	IRO	✓ Has the RC / SM requested any further redactions be applied? If so, ensure to apply those redactions. ✓ If you are unsure if the requested redactions should be applied, discuss with IRC or IRM.
20	Create sub folder, within case file, called 'Disclosed Records' Save the final combined PDF document with fully applied redactions into the Disclosed Records folder.	IRO	N/A.
20	Send the records to the requester.	IRO	✓ Records should be sent to the requester in the same format as the request was received, i.e, by post or email, unless they have specified in their request that they would like to receive it in a different format. ✓ Check where the requester has asked the records to be sent to, i.e, specific email or postal address. ✓ If sending by email, ensure to send using the [secure] method. Then send a non [secure] email to the requester advising that the records have been sent by encrypted email and that it will give them a link to click on to retrieve the records.

			✓ If sending by post, ensure they are contained in a sealed tamper proof envelope and sent by recorded delivery. Ensure that the envelope has the Trusts return PO address on the back. If there is an email address for the requester, email them to advise that the records have been posted. ✓ If the records are too large to be emailed, the combined document may have to be split into smaller PDF documents and sent in more than 1 email. Splitting the combined PDF document can be done within in Adobe Pro. ✓ Save the disclosure email containing attachments in the Disclosed Records folder
20	Update log to confirm date sent and update the notes section to confirm how and when the records where sent.	IRO	N/A.

NOTES:

1. Ensure that the SAR log is updated at every point in processing the request.
2. Check the dates entered into the Access to Records outlook calendar to know when each action should be completed by. The days set are the ideal latest day for the action to be completed. If actions can be completed earlier they should be. If it is not possible to complete the actions by the specific day, ensure the notes section on the SAR log is updated to explain why there is a delay in the relevant action being completed, i.e, records not received from archive etc.
3. Depending on the scope of the request it may be identified that the request is going to be complex. At this point a formal request for an extension should be sent to the IRM. The request should explain the reasons for the extension request. If the extension is approved the requester should be written to, to advise that there will be an extension due to the complexity of the records. A new revised date should be provided.
4. If not all records have been received, i.e, not received from archives or IT etc, combine and review the records that are available. If it appears that the request is likely to breach due to records not being received on time, any records that are available should be combined, reviewed and sent to the RC / SM for review and approve to release. Advise the RC / SM that further records will be sent for review and approval as soon as they are available. Additionally in this instance, the requester should be advised that we are only releasing part of the information requested and give an estimated date when the remaining records will be sent.
5. If it appears that the request is likely to breach due to no records being available or because the RC / SM hasn't responded on time, a formal request for an extension must be sent to the IRM. The IRM will confirm or deny the extension request. The IRO should then write to the requester to apologise and advise that there will be a delay in providing the records. A new estimated date should be provided. Put a reminder in the Access to Records outlook calendar to write to the requester again if it is not going to be possible to provide the records by the new estimated date.
6. If there are over 100 documents in Rio that need to be downloaded a complex SAR request should be sent to IT for them to download the records from the back end of Rio.

7. The IRC will have weekly catch ups with the IROs to ensure that any cases coming up to the due date are noted and if early escalation to the IRM is required, this is done without undue delay.
8. All cases should be worked simultaneously and new cases not delayed by work being completed on existing cases.
9. Please note that all days are subject to working days in the context of the teams actions and if an action falls on a weekend or bank holiday, it can be carried out on the next working day. HOWEVER, the date due for response falls on a weekend or bank holiday, it MUST be actioned the working day prior to the weekend or bank holidays.
10. All emails sent by IROs when dealing with matters should be saved in the folder and then deleted from the 'sent' items in the ATR mailbox.