



v1.0

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Health Records Management Policy

Scanning Cornwall's Hearts

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1 Aims of this Policy

1.1 This policy sets out how the services within Echogenicity does not use RiO as the primary health record tool will manage manual health records effectively and ensure procedures are in place for the creation, use, storage, tracking availability, retrieval, disposal and audit of health records.

1.2 Echogenicity is committed to improving the standards and quality of health records whilst ensuring confidentiality and security.

1.3 This policy will be reviewed annually to take into account the changes with the potential implementation of Electronic Health Records across wider areas of the Trust.

2 Policy Statement

2.1 Echogenicity aims to ensure efficient and effective management of all health records in line with relevant legislation and best practice guidance.

3 Introduction

3.1 This policy applies to the community echocardiogram service which Echogenicity supplies.

3.2 Health records are a vital resource because of the information they contain. They are essential to the delivery of high quality evidence based care. Health records should be contemporaneous and form the basis for the organisations accountability for clinical care.

They are evidential documents and as such must comply with legislative requirements, professional standards and guidelines. It is essential to the operation of the organisation to be able to identify and locate information that is critical for current decision making.

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3.3 Sound records management ensures compliance with meeting the requirements of the Data Protection Act 1998 (DPA), Access to Health Records Act 1990 (AHR), NHS Litigation Authority and Information Governance Toolkit standards.

3.4 Echogenicity has adopted this records management policy and is committed to ongoing improvement of its records management functions. By establishing standard ways of working across Echogenicity, it is

believed that a number of organisational benefits can be gained and that ultimately, patient care can be improved. Benefits include:

- Clear standards of record keeping, tracking and destruction
- Improved quality of the clinical content of the health record supporting patient care
- Better use of staff time
- Improved control, access and security of the health record
- Compliance with legislation and standards
- Reduction in duplication of records
- Improved storage of health records
- Better use of physical and server space

3.5 This policy sets out a framework within which staff who use Echogenicity's health records can understand their responsibilities inline with specific policies and procedures which will ensure that records are managed and controlled effectively and are commensurate with clinical, operational and legal needs.

4 Scope

4.1 In this policy, health records are defined as anything that contains information in any media (except for RiO), that has been created or gathered as a result of any aspect of work of NHS employees (including agency, casual staff or non-medical consultants).

4.2 Echogenicity recognises that services are delivered on a multi agency basis supported by shared record systems. Echogenicity is committed to working with partner agencies to ensure that responsibilities for control, access and disposal of records are properly discharged and that the appropriate information sharing protocols are in place and adhered to.

4.3 This policy is relevant to all staff within Echogenicity who have both direct, and indirect contact, with health records.

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5 Roles and Responsibilities

5.1 Chief Executive

The Chief Executive has overall accountability for records management in Echogenicity. As the accountable officer, and is responsible for the management of the organisation and for

ensuring appropriate mechanisms are in place to support service delivery and continuity. Echogenicity has a particular responsibility for ensuring that is corporately meets legal responsibilities and for the adoption of internal and external governance requirements.

5.3 Records Management

The Chief Executive is also responsible for Records Management and is responsible for the overall development and maintenance of health records management practices throughout Echogenicity, in particular for drawing up guidance for good records management practice and promoting compliance with this policy in such a way as to ensure the easy, appropriate and timely retrieval of patient information.

5.4 All Staff

All staff who create, receive and use records have records management responsibilities. In particular all staff must ensure that they keep appropriate records of their work in Echogenicity and manage those records in keeping with this policy and associated guidance and professional requirements.

6 Legal and Professional Obligations

6.1 A number of bodies monitor NHS performance in respect of records management. This results in the NHS working in an environment that must continually demonstrate compliance and/or ongoing development.

6.2 All NHS records are Public Records under the Public Records Act 1958. Echogenicity will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: NHS Code of Practice, in particular:

- The Public Records Act 1958
- The Data Protection Act 1998
- Access to Health Records Act 1990

- The Freedom of Information Act 2000
- Caldicott Principles HSC 1999/12
- The Common Law Duty of Confidentiality
- Confidentiality: NHS Code of Practice
- Information Governance Toolkit Standards
- NHS Litigation Authority Standards
- Guidelines for Records and Record Keeping 2002 – Nursing and Midwifery Council, London
- British Standards ISO 27001 and ISO 17799

7 Health Records Management

Please refer to the Health Records Management Manual for further detailed information on this.

7.1 Record Creation

Before raising a health record for a patient, it should be checked to see if one already exists. If there is already a health record in existence, this record should be used and if appropriate, a new volume created. If no record exists, a new record should be created.

Each record should be clearly marked with the patients' full name and NHS number. The NHS number should be the primary number used to identify a patient.

7.2 Duplication and Version Control

There must only be one health record registered and raised for each patient; duplication of records puts patients and the organisation at risk. Where a Health Visitor / School Nurse record has been split, this must be clearly documented within both the original and new record and the tracking system within Child Health.

There may be occasion where two records on the Child Health / ICS / Patient Administration system appear to be for the same patient. In this instance, the Cornwall IT Services Data Quality Team must be contacted. The Data Quality Team will determine if the records are for the same patients and if so, will merge the two records into one.

Where there are multiple volumes, there must be clear version control on the front cover of the record.

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The Trust is committed to using the NHS Number to uniquely identify patients. This minimises the risk of duplication of records.

7.3 Record Maintenance

It is important that records contain all relevant information about the patient so that any health professional can continue the care of the patient. This includes:

- Current address and telephone details
- Details of parents/next of kin and contact details
- Care Plan
- Risk Assessment

It should be clear within the record which document is the current version and all/any previous versions must be clear and easy to locate.

7.4 Filing

It is every employee's responsibility when handling the health record to ensure that all documentation is securely filed and fastened within. Means of securing documentation may vary in the health record but sellotape or staples must not be used. Any loose filing must be securely filed and unable to be lost during transportation between departments etc.

Complaints, SI reports, forensic history reports, investigation and litigation documents must not be filed within the health record.

8 Clinical Document Management

8.1 The Chief Executive is responsible for overseeing the introduction of new and revised documents.

8.2 Documents must, as a minimum, contain the following:

- Space to record the patients name, date of birth and NHS number. This information must be on each page of the document.
- The Trust logo
- The title of the document
- Revision date
- Hole punches must not obscure information

- Original documents not ordered through EROS will be kept as a PDF file on the shared drive of the Team/ Service that uses it and the Health Records Forum

9 Data Quality Management

9.1 It is a requirement from the Information Governance Toolkit that personal data held is as accurate as possible. Staff should routinely check information with clients to ensure that details are correct and up to date.

9.2 An annual audit of client information held on electronic systems and paper health records will be undertaken to ensure that information is consistent.

10. Storage

10.1 Health Records Storage areas must conform to all current relevant legislation and guidance regarding Health and Safety, namely the Health & Safety at Work Act 1974 and Workplace (Health, Safety and Welfare) Regulations 1992.

Racking/shelving where used for storage should be stable, of strong enough construction to support the weight of the health records and not more than 2.13 metres high from the floor.

Adequate safety stepladders and safety stools should be available and regular risk assessments are to be undertaken in line with Echogenicity's Risk Strategy.

Where possible, a reasonable temperature should be maintained throughout the department, ideally between 15 to 19 degrees Celsius. There should be adequate ventilation and appropriately sited lighting in the room. Health records storage areas must be able to accommodate current needs of casenotes.

Health record storage areas should have a coded lock restricted to authorised personnel. If this is not possible, the health records should be kept in lockable filing cabinets.

All fire exits must be clearly marked and all staff must be up to date with their mandatory fire training. Fire fighting equipment and alarms must comply with current standards, be appropriately sited and be inspected regularly.

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Health records should be archived promptly following discharge from services to ensure that current filing stores are kept orderly and manageable. Please refer to the Health Records Management Manual for more details on this.

11 Tracking and Retrieval

N/A

12 Transporting Health Records

12.1 Between Clinic's

All health records transported between clinic's must be kept in a sealed folder. This helps to ensure that records are not lost in transit. This clinic location must be clearly labelled on the front sheet of the file.

12.2 Between Trusts and Out of County

N/A

12.3 Copies of Health Records

Copies of health records sent to outside agencies such as Solicitors must be sent by Royal Mail Special Delivery and not Royal Mail Recorded Delivery.

Document reference code: CM/HR/001/12

12.4 Security of Health Records in Transit

It is the responsibility of all members of staff to ensure the safety and security of health records in transit and that access by unauthorised individuals is not possible at any time. Transporting records from premises requires vigilance and the principles of confidentiality must be maintained at all times.

Health records must not be left unattended as this may lead to an unauthorised disclosure of information and breach of confidentiality.

12.5 Electronically Transmitting Information

Echogenicity recognises that part of the drive towards seamless care requires the sharing of information in order to improve the speed and efficiency with which health, education and social care organisations provide care. Echogenicity has agreed that NHS professionals should be able to email patient information. Please refer to Echogenicity's Safe Haven Guidance for more information.

13 Security

This section should be read in conjunction with Cornwall IT's security policy. Cornwall IT provides Echogenicity with access to NHS systems such as Choose and Book and NHS secure email – Groupwise. Cornwall IT also supplies Echogenicity with encrypted computers which administration staff use on a daily basis to perform day to day duties.

Echogenicity stores echo reports on RCHT's intranet on a secure network drive - this is so clinical staff at RCHT have instant access to all written reports.

Echocardiogram reports are also stored on a password protected hard drive which is kept in a fire safe in the Chief Executives locked office.

Echocardiogram images are stored on a digital storage system and backed up onto an external mirrored hard drive this is kept in the Chief Executive locked office in a fire safe.

13.1 All new staff must have a local induction programme. Information Security is to be covered in this including security, password allocation, training and challenging strangers to the department.

13.2 Each member of staff must understand their individual responsibility for the security of their workplace and records/information held there.

13.3 Electronic records must be protected at all times from unauthorised disclosure, access and corruption. Computer screens must be placed out of sight of the general public to protect information and must be turned off when unattended. Staff should be particularly considerate of this when using laptops in public places.

13.4 Personal information held on patients is strictly confidential and must only be disclosed to authorised individuals or with the written consent of the patient. There are exceptions where disclosure is permitted, for example where under common law there is an overriding public interest or the investigation of a serious offence. For further information please refer to Echogenicity's Code of Confidentiality or contact the Chief Executive.

13.5 Health records must not be left unattended; this may lead to an unauthorised disclosure of information and breach of confidentiality.

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14 Retention and Destruction

14.1 It is a fundamental requirement that all of Echogenicity's records are retained for a minimum period of time for legal, operational, research and safety reasons. Echogenicity has a program to scan health records where the patient has been discharged from service for over four years and RIP records that have been closed for two years. The original paper health record is destroyed in a confidential manner by the Records Management and Scanning Department and a record is kept of all original health records destroyed.

15 Breach of Confidentiality

15.1 It is essential that all breaches of confidentiality that occur in Echogenicity are reported appropriately and handled effectively. Any incident, whether accidental or deliberate, involving the actual or potential loss of personal information should be considered serious and reported as a Serious Incident and recorded in the incidents file.

All breaches of confidentiality will be investigated and where deemed appropriate action, including disciplinary, may be taken under the relevant Echogenicity policies.

16 Records Management Audit and Monitoring Programme

16.1 Echogenicity needs to be assured that records management policies, standards and procedures are being adhered to and as such, audit should form part of the overall records management programme. Audit and monitoring also provides information for service delivery and can support business cases for additional resources.

16.2 An annual Standards of Record Keeping will be undertaken by members of staff from clinical areas across Echogenicity.

16.3 An admin audit of data quality of patient demographics will be undertaken annually.

17 Death of a Patient / Serious Incident

17.1 In the event of the death or Serious Incident (SI) involving a patient, all volumes of the record must be located immediately and be sent to the Chief Executive. The original records will be scanned and securely stored.

All endeavours must be made to ensure that records are scanned and copied by the Trust prior to records being requested. The records will be available to view on the OPTECH electronic system and re-prints will be made available as appropriate.

18 Training and Education

18.1 All Trust staff will be made aware of their responsibilities for record keeping and record management through generic and specific training programmes and guidance.

18.2 All staff new or returning to Echogenicity following a period of absence are required to complete an Induction Programme and mandatory training, which includes Health Records Management and Information Governance e-learning modules.

18.3 All departments must have a local induction programme and this should include Records Management. Admin and clerical staff should be given the Health Records Management Manual and made aware of specific local records management procedures.

18.4 All staff requiring access to electronic record systems will need to be trained before access is given.

19 Disaster Planning and Business Continuity

19.1 Health records are considered to be vital records and must be managed in such a way to protect their existence.

19.2 All health records must be kept in storage facilities and managed in ways which conform to Health and Safety and Fire Regulations to minimise the risk of permanent destruction by either fire, water etc.

19.3 Risk assessments must be carried out and documented and risks entered onto the departments risk register. If appropriate, the risk must be highlighted to the Trust Risk Team to be entered onto the Trust Risk Register.

19.4 Cornwall IT Services, in conjunction with the relevant Information Asset Owner must ensure that clinical information on electronic systems is backed up on servers.

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19.5 In the event of prolonged periods of RiO downtime, downtime paperwork is to be issued and stored in the paper-light record. This information must be input into RiO when available in line with the appropriate timescales. Please refer to the RiO Business Continuity Plan for further information on this.

20 Review

20.1 This policy will be reviewed annually to reflect changes to services within Echogenicity, new legislation, codes of practice and national standards.

Equality Impact Assessment Proforma Initial Screening

Health Records Management Policy

1. Briefly describe the aims, objectives and purpose of the procedural document. Guidance for staff for creation, use, destruction and overall management of health records

2. Are there any associated objectives of the procedural document? Please explain.

Sets out core principles for managing health records

3. Who is intended to benefit from this procedural document, and in what way?

All staff to have greater knowledge of principles and responsibilities for health records.

Echogenicity and service users will benefit from better record keeping processes.

4. What outcomes are wanted from this procedural document?

Strong record keeping standards that are consistent across Echogenicity and in line with associated legislation and best practice guidance.

5. What factors/forces could contribute/detract from the outcomes?

Non-compliance with policy and training requirements

6. Who are the main stakeholders in relation to the procedural document?

Chief Executive

7. Who implements the procedural document, and who is responsible for the procedural document?

Chief Executive

8. Are there concerns that the procedural document could have a differential impact on RACIAL groups?

No

What existing evidence (either presumed or otherwise) do you have for this?

9. Are there concerns that the procedural document could have a differential impact due to GENDER

No

What existing evidence (either presumed or otherwise) do you have for this?

10. Are there concerns that the policy could have a differential impact due to DISABILITY?

No

What existing evidence (either presumed or otherwise) do you have for this?

11. Are there concerns that the policy could have a differential impact due to SEXUAL ORIENTATION?

No

What existing evidence (either presumed or otherwise) do you have for this?

12. Are there concerns that the procedural document could have a differential impact due to their AGE?

No

What existing evidence (either presumed or otherwise) do you have for this?

13. Are there concerns that the procedural document could have a differential impact due to their RELIGIOUS BELIEF?

No

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What existing evidence (either presumed or otherwise) do you have for this?

14. Are there concerns that the procedural document could have a differential impact due to their MARRIAGE OR CIVIL PARTNERSHIP STATUS? (This MUST be considered for employment policies).

No

What existing evidence (either presumed or otherwise) do you have for this?

15. Are there concerns that the procedural document could have a differential impact due to GENDER REASSIGNMENT OR TRANSGENDER ISSUES?

No

Refer to specific guidance for Record Keeping in relation to Gender Reassignments.

That existing evidence (either presumed or otherwise) do you have for this?

16. Are there concerns that the procedural document could have a differential impact due to PREGNANCY OR MATERNITY?

No

What existing evidence (either presumed or otherwise) do you have for this?

17. How have the Core Human Rights Values of:

- Fairness;
- Respect;
- Equality;
- Dignity;
- Autonomy

Been considered in the formulation of this procedural document/strategy If they haven't please reconsider the document and amend to incorporate these values.

N/A

18. Which of the Human Rights Articles does this document impact?

The right:

- To life;
- Not to be tortured or treated in an inhuman or degrading way;
- To be free from slavery or forced labour;
- To liberty and security;
- To a fair trial;
- To no punishment without law;
- To respect for home and family life, home and correspondence;
- To freedom of thought, conscience and religion;
- To freedom of expression;
- To freedom of assembly and association;
- To marry and found a family;
- Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention;
- To peaceful enjoyment of possessions and education;
- To free elections

No

What existing evidence (either presumed or otherwise) do you have for this?

How will you ensure that those responsible for implementing the Procedural document are aware of the Human Rights implications and equipped to deal with them?

19. Could the differential impact identified in 8 – 13 amounts to there being the potential for adverse impact in this procedural document?

No

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20. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or any other reason? N Please explain for each equality heading (questions 8 –13) on a separate piece of paper.

If Yes, describe why, then proceed to a full EIA.

21. Should the procedural document proceed to a full equality impact assessment?

No

If No, are there any minor further amendments that should take place?

22. If a need for minor amendments is identified, what date were these completed and what actions were undertaken?

No