

Health Records Management Policy

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Health records management policy

1. Introduction

- 1.1 The use of records and patient's access to them is governed by the Data Protection Act 1998 and the Access to Health Records Act 1990. The Trust has a legal obligation to ensure that records are maintained on all patients' that receive care within the Trust.
- 1.2 Health records are created to ensure that information is available within the Trust:
 - 1.2.1 to support delivery of high quality evidence based care
 - 1.2.2 to meet legal requirements
 - 1.2.3 to assist medical and other audits
 - 1.2.4 to support archival functions by taking account of the historical importance of material and the needs of future research
- 1.3 This policy and supporting procedural documentation defines the users responsibilities for handling health records folders and libraries across the Trust.
- 1.4 In the context of this policy a 'health record', is anything that contains information (in any media) that has been created or gathered as a result of any aspect of the work of the NHS employees. Health records are also known as:
 - 1.4.1 medical records
 - 1.4.2 case note folders
 - 1.4.3 case notes

2. Scope of document

- 2.1 A health record refers to any record that has a service users name on it. This therefore includes all medical, nursing and allied health professional records made by any member of Trust staff.
- 2.2 Staff employed by the Trust are required to ensure confidentiality, integrity, accuracy and appropriate availability of health records whether held manually or electronically.

3. Aims

- 3.1** The health records policy aims to set out clearly the Trust's approach to Health Records Management, making explicit the importance of record keeping as an integral part of the care of service users.

4. Policy statement

- 4.1** All staff that in the course of their duties uses the health record must act to promote the procedures within the policy and procedures guidelines in relation to the correct format and filing of paperwork within the health records folder.
- 4.2** Staff utilising the health records folders and libraries throughout the Trust are required to follow the process guidelines contained within the Health Records Operating Procedures to ensure that:
- 4.2.1** the filing procedure is maintained and that alerts and sensitivities are recorded correctly.
 - 4.2.2** that written records are complete, accurate and identifiable to the patient.
 - 4.2.3** users are aware of their responsibilities in relation to the health records folder
 - 4.2.4** users are aware of their responsibilities in relation to records requests and processes within the Trust libraries.

5. Responsibilities

- 5.1 Chief Executive**
Overall responsibility for Records Management within the Trust.
- 5.2 Director of Planning and Information**
Responsible for information management, technology and the health records management function.

- 5.3 Director of nursing**
Responsible for ensuring that staffs are aware of and complying with the health records management policy and procedure guidelines.
- 5.4 Clinical Directors and Consultants**
Responsible for ensuring that their staff are made aware of and are complying with the health records management policy and procedure guidelines.
- 5.5 SIRO**
Responsible for putting in place procedures to ensure compliance with this policy.
- 5.6 Health Records Service Manager**
Responsible for the records management function across the Trust.
- 5.7 All staff**
All staff have a responsibility to ensure that they are aware of the policy and procedures that are relevant to their area of work.

6. Purpose of the health record

- 6.1** To enable the Trust to conduct its business in the most efficient and effective way.
- 6.2** To promote effective and chronological monitoring of clinical care with high quality systems for clinical record keeping and collection of relevant information in line with Clinical Governance.
- 6.3** To promote better communications and dissemination of information between members of the inter-professional health care team.
- 6.4** To provide good quality patient records which are essential to the effective care of patients and which detail reasons for effective decisions, interventions and risks to patients whilst adequately reflecting the care given.

7. Legal obligations

- 7.1** The use of records and patient's access to them s governed by the Data Protection Act 1998 and the Access to Health Records Act 1990.
- 7.2** NHS employees are responsible for records that they create; any records created by an NHS employee are public records and may be subject to both legal and professional obligations.

- 7.3 The transfer and disclosure of health records is governed by a number of statutory provisions that set conditions on their disclosure. Health Records Folders may only be removed from the Trust in exceptional circumstances. Guidance on these requests can be obtained from the Subject Access Team, the Data Protection Officer for the Trust and from the Trusts Legal Department.
- 7.4 For further information on Subject Access Requests contact the Subject Access Supervisor on ext 34855.

8. Implementation plan

- 8.1 This policy will be available on the intranet with supporting procedural documentation.
- 8.2 The Health Records Service Manager will be responsible for reviewing and implementing the policy.

9. Training/Awareness

- 9.1 Health Records Managers will promote and provide training for all staffs within the Trust who work with health records
- 9.2 Identification of these staff will be made through:
 - 9.2.1 audits undertaken by the Health Records Managers in relation to filing of documentation within the health records folder, tracking of health records and correct use of the health records libraries in relation to records requests.
 - 9.2.1 new members of staff to the Trust as part of their local induction training.

10. Equality and diversity

In accordance with Equality and Diversity legislation, the Health Records Management Policy & Operating Procedures have had an Equality Impact Assessment undertaken.

It has been determined that they do not discriminate against any individual or group of people.

Appendix B

11. References

Health Records Policy

Data Protection Act 1998

NHS Code of Practice: Records Management Part 1&2

Document	Health Records Management Policy
Approved by Information Governance Group	April 2010
Approving Body	Information Governance Group
Distribution	Divisional Directors and Directorate Managers Information Governance intranet
Supporting documents	Health Records Operating Procedures Tracking Policy
Review Date	April 2011
Category	Corporate
Author	Health Records Service Manager
Lead Executive	Director of Planning and Information
This Document replace	Health Records Policy

Change History			
Version	Date	Author/Editor	Details of Change <i>(brief detailed summary of all updates/changes)</i>
0.1	Dec/09	Suzanne Walker	Separated policy into two documents: Health Records Management Policy & Health Records Operating Procedures
0.2	March/10	Suzanne Walker	Changes made and incorporated
0.3	March/10	Chris Bunch Suzanne Walker	Reviewed and changes made
0.4	April/10	Suzanne Walker	Changes made & incorporated
	April		Draft policy to IGG
1.0	April		Approved subject to the following statement to be added “SIRO is responsible for putting in place procedures to ensure compliance with this policy”

Appendix A

Summary of the Data Protection Act 1998

The Data Protection Act 1998 regulates the processing of personal data, held manually and on computer.

Personal data is defined as data relating to a living individual that enables him/her to be identified either from that data alone or from that data in conjunction with other information in the data controller's possession.

Processing includes everything done with that information, i.e. holding, obtaining, recording, using, disclosure and sharing it. Using includes disposal, i.e. closure of the record, transfer to an archive or destruction of the record.

The following eight principles apply:

- Personal data shall be processed fairly and lawfully
- Personal data shall be obtained only for one or more specified and lawful purposes and shall not be processed in any manner incompatible with those purposes
- Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which it is processed
- Personal data shall be accurate and kept up-to-date
- Personal data processed for any purpose or purposes shall not be kept longer than is necessary for that purpose or purposes
- Personal data shall be processed in accordance with the rights of data subjects under this Act
- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or damage to personal data
- Personal data shall not be transferred to a country or territory outside of the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data

Appendix B

Equality Impact Assessment

Health records management policy

Date written: April 2010

Date for review:

Lead person responsible for policy, procedures and assessment: Health Records Service Manager

**1. Identify the main aims of the policy.
What is the purpose of the policy?**

The health records policy aims to set out clearly the Trust's approach to Health Records Management, making explicit the importance of record keeping as an integral part of the care of service users.

The policy and operating procedures include guidance for all staff that in the course of their duties uses a patient health record.

2. Have you current reliable information about the different groups the proposed policy is likely to affect?

The policy and procedure guidelines are for use by Trust staff.

The policy and procedure guidelines will be available to all staff on the information governance intranet site.

Executive directors, clinical directors, consultants and directorate managers are responsible for cascading within their own teams.

Trust staff comprising managers, clinical staff and risk management have been involved in the development of this policy.

**3. Is there a potential for the policy or procedure guidelines to discriminate? No
Does the policy and procedure guidelines promote good relations
and eliminate discrimination on grounds of race, disability, age, religion, sexual
orientation and gender? Yes**