



Patient Data and Health Records Policy

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1

Statement of Aims and Objectives

- 1.1. South East Coast Ambulance Service NHS Foundation Trust ('the Trust') depends on the patient data and records it holds to operate efficiently and account for its actions. The Trust has a statutory obligation to maintain accurate health records and patient data and to make arrangements for their safe keeping and secure disposal. All records created in the course of the business of the Trust, of whatever format and medium are public records under the terms of the [Public Records Acts 1958](#).
- 1.2. To promote a consistent standard of high quality health records and patient data, in line with the requirements of the law.
- 1.3. To clarify staff responsibilities, duties and legal obligations relating to health records and patient data.
- 1.4. To develop a Trust wide understanding of how patient data contributes to continual improvement and improved patient outcomes.
- 1.5. To ensure patient data and health records are available and can be accessed when needed.

2

Principles

- 2.1. This Policy applies to all staff in a permanent, temporary, voluntary or contractor role acting for or on behalf of the Trust.
- 2.2. This policy covers all health records, and patient data documents in any format including paper, electronic, data held on clinical registers such as history marking and IBIS. It also includes records generated within the Emergency Operations Centre (EOC) such as call recordings, CAD records, EOC 999 Call audits. Requests for these should come from Director level and redaction of patient details should be confirmed upon request.
- 2.3. Concise, accurate and legible patient care record keeping is an integral part of all healthcare practice. It is a tool of professional practice and one which contributes to the care of the patient. It is not separate from the care process and is not an 'optional extra' to be fitted in if circumstances allow. All staff who have responsibility for creating and/or managing health records are must adhere to these principles.
- 2.4. Patient data and health records must be held securely, retained and disposed of appropriately. The paper copy of the health record is stored on an electronic system and the paper copy, once stored, can therefore be destroyed after three months. An approved external shredding



company with an industrial shredder is hired for this purpose and provides a certificate as evidence of destruction.

2.5. As detailed in the Records Management Code of Practice for Health and Social Care 2016, a health record may be destroyed 10 years after conclusion of treatment or death for an adult. For a child, a record may be destroyed after 25 years, although this is subject to restrictions, as stated in the [Goddard Inquiry \(IICSA\)](#).

2.6. This includes children's records, and any instances of allegations or investigations, or any records of an institution where abuse has, or may have occurred. Future inquiries may lead to specific records management requirements. Until then, the Trust is otherwise advised that all records which could fall within the remit of the inquiry, must be retained.

2.7. Information generated as part of a Trust approved/engaged research project will be handled in accordance with the relevant guidance published by the Health Research Authority.

2.8. It is the responsibility of all Senior Managers/Clinical Staff within the Trust to ensure that staff within their remit who have any involvement with patient data or health records are made aware of, and fully understand, their roles and responsibilities in this regard.

2.9. **Minimum Standards for Health Records**

All health records, where contact with a patient has been made must contain (but is not limited to) the minimum dataset which is :

- 2.9.1 Incident Number
- 2.9.2 Incident Date
- 2.9.3 Vehicle call sign
- 2.9.4 Crew personnel number(s)
- 2.9.5 Crew clinical grade(s)
- 2.9.6 Station/Base Operating Unit group
- 2.9.7 Patient full name
- 2.9.8 Patient gender
- 2.9.9 Patient Date of Birth
- 2.9.11 Patient age
- 2.9.12 Patient ethnicity code



- 2.9.13 Patient Postcode
- 2.9.14 Parent/Carer/Guardian (for children under 16 years and under)
- 2.9.15 Patient GP practice
- 2.9.16 NHS number
- 2.9.17 Crew condition code(s)
- 2.9.18 Presenting complaint
- 2.9.19 Disability disclosure (self disclosed)
- 2.9.20 Drug codes (if applicable)
- 2.9.21 Outcome/disposition code

It is not always possible to collect all this information (such as caring for an unconscious patient) but all reasonable efforts should be made. In cases where there is missing information, a reasonable justification for missing information should be documented on the record.

3 Definitions

3.1. Health Record

General Data Protection Regulation, describes a health record as consisting of information about the physical or mental health or condition of an identifiable individual made by or on behalf of a health professional in connection with the care of that individual. A Health Record is any information, in any medium, held by the Trust that relates to and concerns a patient's health, as defined in the [Trusts Data Protection Policy](#).

3.2 Health Records and Patient Data Management

Is a mandatory process to direct and control the creation, version control, distribution, filing, retention, storage and disposal of records, in a way that is administratively and legally sound. The key components of records management are:

- 3.2.1 Record creation
- 3.2.2 Record keeping
- 3.2.3 Record maintenance (including tracking of record movements)
- 3.2.4 Access and disclosure



3.2.5 Closure and transfer

3.2.6 Appraisal

3.2.7 Archiving

3.2.8 Disposal

3.3 **Records Life Cycle**

A health record life cycle is defined as the life of a record from its creation/receipt through the period of its 'active' use, then into a period of 'inactive' retention (such as closed files which may still be referred to occasionally) and finally either confidential disposal or archival preservation.

3.4 **Disposal**

The process of appraising and reviewing records and includes the destruction of records or transferring their custody, including to an archive; or transferring them from a paper form to an electronic medium.

3.5 **Destruction**

The process of eliminating or deleting records beyond any possible reconstruction.

3.6 **Records**

Any 'recorded information created or received and maintained by the Trust in the transaction of its business or conduct of affairs and kept as evidence of such activity'.

3.7 **Redaction**

A process that edits out certain information prior to publication.

4 **Responsibilities**

4.1. **The Trust Board** in accordance with General Data Protection Regulation, and Caldicott Guidelines, has a responsibility to its patients to ensure that personal information recorded about them remains confidential and is used for the purpose it was collected.

4.2 **The Chief Executive Officer** has overall responsibility for health records management within the Trust. As the Accountable Officer they are responsible for the management of the organisation and ensuring appropriate mechanisms are in place to support service delivery and continuity. Records management is key to this as it ensures appropriate and accurate information is available as required.



- 4.3 **The Executive Medical Director** as Caldicott Guardian has responsibility for ensuring that patient confidentiality is maintained at all times and may determine when it is in the best interests of the patient to disclose their health records. This includes the decision to deny or restrict access to a patient's health records and to provide transcripts of recorded calls into/out of EOC.
- 4.4 **The Senior Information Risk Owner (SIRO)** is accountable to the Trust Board for ensuring that the information governance risk assessment and management processes within the Trust are managed effectively.
- 4.5 **The Executive Director of Finance** is the Information Asset Owner responsible for ensuring that technological solutions are sufficient to protect the confidentiality, integrity and availability of information held electronically.
- 4.6 **The Director of Human Resources** is responsible for ensuring that mechanisms are in place to analyse different staff groups' training needs and the provision of development opportunities to support those needs.
- 4.7 **Operational Team Leaders** will ensure that all Health Records have been appropriately completed prior to submission to the Health Records Department. Where discrepancies are identified, they will liaise with the relevant crew prior to the records' onward transportation to the Health Records Department.
- 4.8 **Other local managers** are responsible for local records management and have overall responsibility for the management of records generated by their activities, e.g. for ensuring that records controlled within their department or directorate are managed in a way which meets the aims of the Trust's records management policy.
- 4.9 **The Health Records Manager** is responsible for the overall development and maintenance of health records management practices within the Health Records Department. In particular, for drawing up guidance for effective 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.
- 4.10 **All staff** including permanent, temporary, voluntary or those in a contractor role, whether clinical or administrative, 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 the Trust and manage those records in keeping with this policy and with any guidance subsequently produced.



5 Competence

- 5.1 Trust staff will be made aware of their responsibilities for record-keeping and management through generic and role-based training programmes and guidance.
- 5.2 Training in respect of good record keeping and standards to adhere to is currently included as part of the Trusts Operational Key Skills training programme. This is reviewed annually based on both statutory and mandatory requirements and any training needs of staff identified internally within the Trust.
- 5.3 The training requirements for this Policy will be captured as part of the Trust's annual Training Needs Analysis to inform Key Skills programme development.
- 5.4 If a member of staff fails to attend or complete Operational Key Skills training, their line manager will be alerted to the non-attendance by the Operational Team leader delivering the training.

6 Monitoring

- 6.1 Compliance with the content of this policy will be monitored by the Health Records Manager and the findings presented to the Clinical Audit and Quality Sub Group as required and on an annual basis.

7 Audit and Review

- 7.1 This policy will be reviewed at least every three years (or sooner if new legislation, national standards or working practices are introduced).
- 7.2 This will be reviewed in line with the [Policy and Procedure for the Development and Management of Trust Policies and Procedures](#).

8 References

[Access to Health Records Act 1990](#)

[General Data Protection Regulations \(GDPR\) 2018](#)

[Freedom of Information Act 2000](#)

[Records Management Code of Practice for Health and Social Care, 2021](#)



[The Goddard Inquiry Independent Enquiry in Child Sex Abuse \(IICSA\)](#)

[2016](#)

9 Equality Analysis

The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.