



Storage of Patient Clinical Records Procedure

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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 clinical records it holds to operate efficiently and account for its actions. The Trust has a statutory obligation to maintain accurate records of its activities and to arrange for their safekeeping 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. Clear guidelines are required to ensure that paper Patient Care Records (PCRs) are handled securely and arrive into the Health Informatics Department for processing in a timely manner.
- 1.3. This procedure is aligned to the Patient Data and Health Records Management Policy v3. , and in accordance with the Patient Related Data Solution management arrangements.

2. Principles

- 2.1. Eliminate or minimise the chances of paper PCRs and associated clinical records being lost and/or the information contained in the records being inappropriately accessed.
- 2.2. To clarify staff responsibilities, duties and legal obligations relating to the Trusts secure storage and transportation of care records between sites.
- 2.3. To ensure patient data and care records are available and can be accessed when needed.

3. Scope

- 3.1. This procedure applies to all staff in a permanent, temporary, voluntary or contractor role acting for or on behalf of the Trust.
- 3.2. This procedure applies to all staff who are responsible for the storage and transportation of paper PCRs.
- 3.3. This procedure applies to the storage and transportation of all paper based PCRs created within the Trust, inclusive of 'associated forms' such as continuation sheets.
- 3.4. It is the responsibility of all managers and clinical staff within the Trust to ensure that staff within their remit who are involved with patient data or health records are made aware of, and fully understand, their roles and responsibilities in relation to patient data and health records management.

4. Responsibilities

- 4.1. The Chief Executive Officer (CEO) has overall responsibility for the secure storage of PCRs in SECAMB.
- 4.2. The Executive Director of Operations, through delegation by the CEO, has overall responsibility for the local implementation, operation and assurance of this procedure.
- 4.3. The Executive Director of Operations delegates local responsibility and accountability for this policy to the Regional Operation Managers, Operating Unit Managers, Operational Managers, Specialist Managers and where relevant the Head of Fleet and Logistics.
- 4.4. The Regional Operation Managers, Operating Unit Managers, Operational Managers, Specialist Managers and where relevant the Head of Fleet and Logistics delegate local responsibility and accountability for this policy to their staff including the Operational Team Leaders, Logistics Manager, and others.
- 4.5. The Chief Medical Officer, through delegation by the CEO, has overall responsibility for secure storage of PCRs.
- 4.6. The Associate Director, Quality & Compliance and the Head of Health Informatics and Records support the Chief Medical Officer in the provision of assurance around the secure storage of PCRs within the Trust.
- 4.7. The Chief Medical Officer escalates unresolved concerns to the CEO.
- 4.8. The Chief Finance Officer, through delegation by the CEO, has overall responsibility for Security and Estates. Security and estates staff provide professional advice to the Chief Medical Officer for the secure storage of PCRs in the trust.
- 4.9. All staff who handle PCRs are accountable for complying with this policy, for reporting any concerns and for the secure storage of all PCR's.

5. Procedure

5.1. Ambulance Crews

- 5.1.1. A shift log envelope must be completed by the crew on each vehicle for each shift and all PCRs and associated clinical paperwork must be placed in this. Relevant details will be recorded on the front of the shift log envelope. Details include:
 - shift date
 - call sign letter and number
 - station
 - shift start time

- crew 1 last name
- crew 1 personnel number
- ePCR trained (y/n)
- crew 2 last name
- crew 2 personnel number
- ePCR trained (y/n)
- incident number
tick boxes to confirm if paper or ePCR submitted or passed to another crew
- additional forms completed and any further information

5.1.2. If controlled drugs have been administered at an incident, a YELLOW sticker must be attached to the envelope against that incident and the process flow in Appendix A must be followed.

5.1.3. Shift Incident Log Envelopes that have been completed as per the PCR Operational Completion and Submission Procedure v3.5 must be posted into the PCR collection box, at a SECamb site at the end of each shift. (Unless PAP (private ambulance provider) or VAS (voluntary ambulance service) crews have agreed alternative arrangements with their contract manager.)

5.2. **Station Leadership**

5.2.1. Any Shift Incident Log Envelopes that have a yellow sticker on them must be identified by the designated Operational Team Leader (OTL) and the process as described in Appendix A must be followed.

5.2.2. The designated OTL must complete a Shift Incident Log Envelope audit of 1 out of 10 envelopes. This may need to be increased to 1 out of 5 envelopes if that operating unit's unreconciled incidents are greater than 10%. The results of this audit will be recorded on the front of the shift log envelope and will show:

- number of forms indicated
- number of forms included
- missing incidents checked (Y/N)
- paperwork completed (Y/N)
- any relevant comments
- OTL name and personnel number
- date of audit
- signature.

5.2.3. The OTL must verify that the envelope contains all the paper PCRs and associated documents that are recorded on the Shift Incident Log Envelope, where the PCRs have not been passed to another crew as per 4.1.1. They must match these against a report from Info.SECamb on vehicle activity for that shift.

- 5.2.4. Shift Incident Log Envelope audits should be completed in a timely manner so that transportation of forms to the Health Informatics Department is not delayed.
- 5.2.5. Operational Unit (OU) leadership must investigate any missing paperwork and record the outcome on the Shift Incident Log Envelope, without delaying sending the paperwork to Health Informatics. OU leadership must follow SECamb policy on Information Governance breaches.
- 5.2.6. Once the audit is complete, the shift log envelopes must be placed in the red delivery bags, which are then secured by serial numbered, tamper evident tags.
- 5.2.7. The OTL then completes their section of the PCR collection and delivery log sheet (Appendix B) with:
- ID number of the red bag
 - serial number of the tamper evident tag
 - Number of envelopes in the red bag
 - OTL name
 - OTL signature
 - Date the bag was sealed.
- 5.2.8. The red delivery bag and PCR Collection and Delivery Log must be locked in the designated secondary storage cabinet.
- 5.2.9. PCRs must be transferred from the PCR collection box into red delivery bags and into the secondary storage cabinet as close to the scheduled collection time as possible, but no longer than 24hrs prior.
- 5.2.10. Each individual station/Make Ready Centre (MRC) should have a display of their collection day. It is the responsibility of the designated OTLs to ensure that all bags are ready and accessible.
- 5.3. **Logistics**
- 5.3.1. The logistics driver must collect the red delivery bags on the planned day (Appendix C) and complete the PCR Collection and Delivery Log. By signing the collection and delivery log, the delivery driver confirms that the tag serial number recorded matches the serial number recorded on the collection and delivery log.
- 5.3.2. If the station collection day falls on a public holiday the next collection will be the following working day, where possible, otherwise the logistics team will communicate a revised collection schedule.
- 5.3.3. The logistics driver must not collect any red bags that have not been tagged and logged on the PCR Collection and Delivery Log or any bags where the serial number on the tag does not match the number on the collection and delivery log. They must record any bags left on station and the reason for leaving them on the relevant section of the PCR Collection and Delivery

Log. This information must be reported to the Health Informatics team at the time of delivery. The Health Informatics team will investigate this and complete an IRW1 if required.

5.3.4. When stored overnight by Logistics prior to delivery to the Health Informatics Department, the red delivery bags and the collection and delivery log must be stored securely in the designated locked cabinet at the local stores, until they are transported to the Health Informatics Department.

5.3.5. Paper care records must be delivered to the Health Informatics Department on the following days:

- Surrey - Monday and Wednesday
- Sussex - Wednesday and Friday
- Kent – daily (Monday to Friday).

5.3.6. If the delivery day falls on a public holiday, delivery will take place the next working day.

5.4. **Health Informatics**

5.4.1. Health Informatics staff must confirm that:

- The red bag IDs & tag IDs match those on the PCR Collection and Delivery Log
- The bags contain the number of envelopes specified on the PCR Collection and Delivery Log
- There have not been any untagged bags left on a MRC/station.

5.4.2. They must sign the PCR Collection and Delivery Log to confirm that all of the points in 4.4.1 are present and correct.

5.4.3. If there are any discrepancies at 4.4.1, the Health Informatics team must investigate these and complete an IRW1 if an Informatics Governance breach has occurred or there is evidence of practice outside of this procedure.

5.4.4. The Health Informatics team retain a copy of the PCR Collection and Delivery Log and the original is returned to the delivery driver. The driver takes this copy back to their base, to be stored securely. This ensures a log of all collected/received bags is maintained.

5.4.5. The Health Informatics team will record the total number of PCRs in each red bag and the percentage of those received within 14 days of the incident occurring.

5.4.6. The Health Informatics team track and record all shift log envelopes that have been audited in the delivery record database. The Health Informatics Manager (non-clinical) updates a weekly delivery spreadsheet (located on SharePoint), which tracks the ambulance stations/MRC from which deliveries took place and highlights any stations/MRCs failing to do so.

- 5.4.7. Any station that fails to deliver completed PCRs on two consecutive weeks will be contacted by the Health Informatics Manager (non-clinical) to prompt a delivery. These incidents will be recorded on an IRW1 form.
- 5.4.8. PCRs will then be processed as per the Patient Data and Health Records Management Procedure.

6. Audit and Review

- 6.1. Any information governance breach must be reported immediately to the Trust's Information Governance Lead by the relevant manager. Details must also be recorded on the Trust's incident reporting system (Datix). Once this has taken place, the action plan will need to be agreed and the incident investigated. The Head of Health Informatics and Records will review Datix and audit records quarterly to ensure compliance with this policy.
- 6.2. The Health Informatics Manager (non clinical) and staff will complete quarterly PCR Security and Storage Audit to assess:
 - 6.2.1. PCRs stored in Shift Log Envelopes and deposited into PCR collection box.
 - 6.2.2. 1 in 10 Shift Log Envelopes are audited and the results acted upon.
 - 6.2.3. Shift Log Envelopes are stored securely in the secondary storage cabinet in tagged red bags ahead of the scheduled collection day.
 - 6.2.4. Collection and Delivery Logs are completed consistently and accurately.
 - 6.2.5. Red bags held at stores are locked securely in the designated storage cabinet.
 - 6.2.6. Health Informatics team accurately record receipt of care records.
 - 6.2.7. Private and Voluntary services are submitting PCRs to a SECamb site at the end of each shift, unless otherwise agreed with their contract manager.
- 6.3. Any deviations or other concerns will be reported to the Clinical Audit and Quality Sub-Group. Unresolved concerns will be escalated to the Quality & Clinical Governance Group.
- 6.4. Ad hoc inspection of PCR security and storage may also take place as part of the Trusts operational site visits (ie, crime reduction surveys and Quality Assurance Visits).
- 6.5. Quality issues arising from these inspections must be escalated to the Associate Director, Quality & Compliance (Medical) and Chief Medical Officer via quality assurance reporting or the Datix reporting system.

7. References

- 7.1. IGA Records Management Code of Practise for Health and Social Care 2016

9. Financial Checkpoint

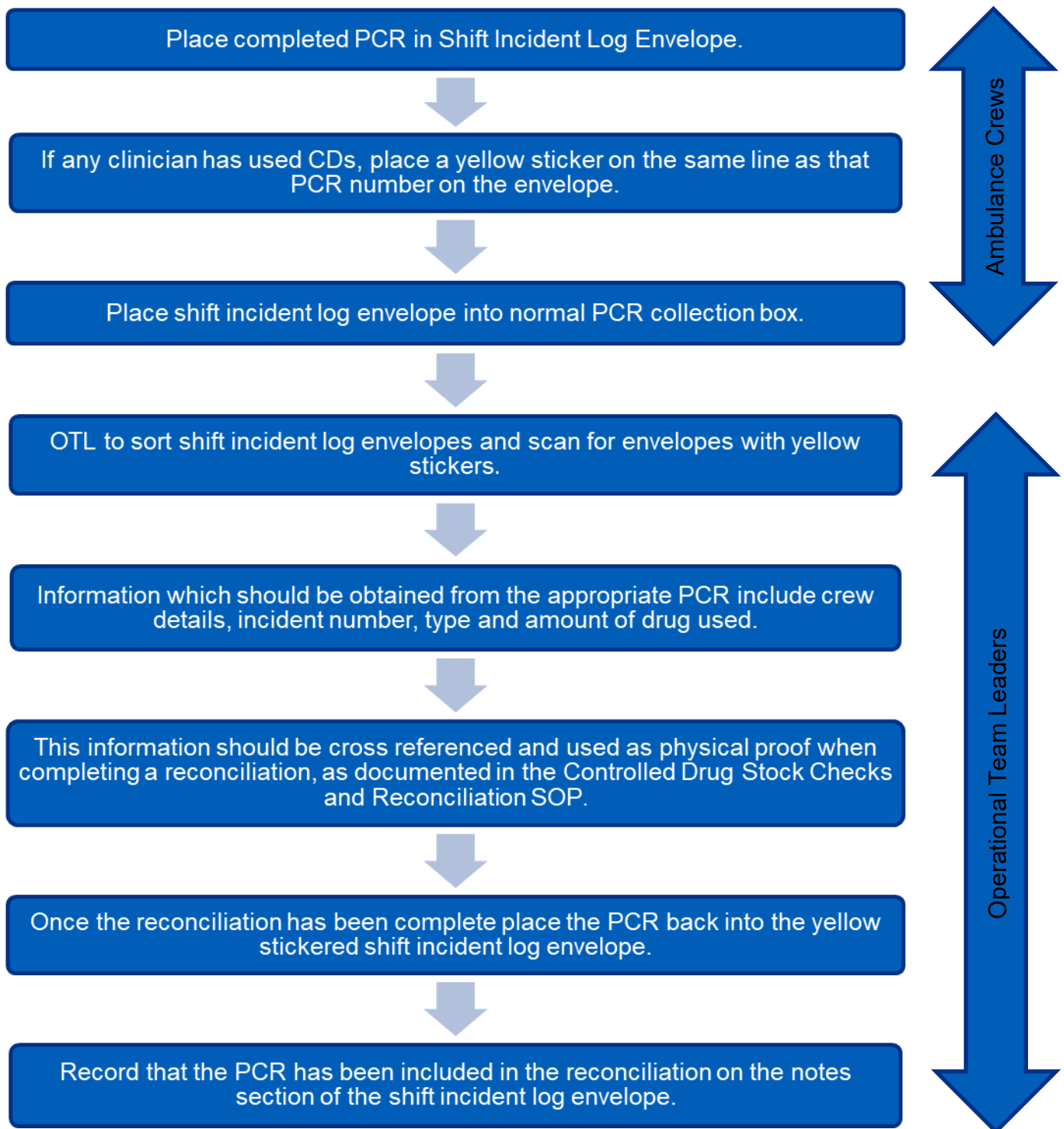
- 9.1 This document has been confirmed by Finance to have no unbudgeted financial implications.

10 Equality Analysis

- 1. 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.
- 2. 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.

Appendix A: Incidents with Controlled Drugs

Where Controlled Drugs (CD) have been administered, Shift Incident Log Envelopes will be marked with a yellow sticker. This allows OTLs to reconcile CD usage against the CD registers and Omnicells more efficiently.



Appendix B: Patient Care Record Collection & Delivery Log

Station/MRC Name		Bags Left on Station by Driver		Reason Left	
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Red Bag ID Number	Tag ID Number	Number of Envelopes	OTL Name	OTL Signature	Date Tagged	Driver Name	Driver Signature	Date Collected	Health Records Name	Health Records Signature	Date Delivered

Appendix C: PCR Collection Schedule

	EastCollection	WestCollection	
MONDAY		Guilford OU	
TUESDAY	Ashford Sheppey		
WEDNESDAY	Medway	Chertsey Walton	
THURSDAY	Thameside Dartford	Gatwick Tangmere Worthing	
FRIDAY	Thanet	Brighton Burgess Hill Haywards heath	
	Paddock Wood Hastings Polegate		