**Yewtree medical centre**
21 Berryford Road, Liverpool, L14 4ED

## Review Sheet

| Last Reviewed | Last Amended | Next Planned Review |
|---|---|---|
| 23 Sep '20 | 23 Sep '20 | in 12 months, or sooner as required. |

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|---|---|
| Business impact | **MEDIUM IMPACT** — Changes are important, but urgent implementation is not required, incorporate into your existing workflow. |
| Reason for this review | Scheduled review |
| Were changes made? | Yes |
| Summary: | This policy has been reviewed with minor content changes and further reading added. The references have been checked and remain current. |
| Relevant legislation: | • Freedom of Information Act 2000<br>• The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014<br>• Nursing and Midwifery Council (NMC) Legislation<br>• Access to Health Records Act 1990<br>• Data Protection Act 2018<br>• UK GDPR |
| Underpinning knowledge - What have we used to ensure that the policy is current: | • Author: Royal College of Nursing, (2020), *Record Keeping - The facts*. [Online] Available from: https://www.rcn.org.uk/professional-development/publications/pub-006051 [Accessed: 23/9/2020]<br>• Author: NHS Digital, (2017), *Codes of practice for handling information in health and care*. [Online] Available from: https://digital.nhs.uk/codes-of-practice-handling-information [Accessed: 23/9/2020]<br>• Author: The MDU, (2020), *Good record keeping*. [Online] Available from: https://www.themdu.com/guidance-and-advice/guides/good-record-keeping [Accessed: 23/9/2020]<br>• Author: CQC, (2019), *Regulation 17: Good governance*. [Online] Available from: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance [Accessed: 23/9/2020] |
| Suggested action: | • Encourage sharing the policy through the use of the QCS App<br>• Share ‘Key Facts’ with all staff |
| Equality Impact Assessment: | QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law. |

## 1. Purpose

**1.1** The purpose of this policy is to provide a framework for the expectations around record keeping and to ensure that Yewtree medical centre complies with good practice and standards of record keeping.
The framework will facilitate high-quality, safe Patient care and medical records will act as legal evidence for rationalising and determining clinical decisions.
**1.2** This policy applies to all staff at Yewtree medical centre who maintain and update records in relation to communications to staff and Patients in the organisation and/or complete documents relating to Patient care, administration or management.
**1.3** To support Yewtree medical centre in meeting the following Key Lines of Enquiry:

| Key Question | Key Lines of Enquiry |
|---|---|
| CARING | HC1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed? |
| EFFECTIVE | HE2: How are people's care and treatment outcomes monitored and how do they compare with other similar services? |
| EFFECTIVE | HE4: How well do staff, teams and services work together within and across organisations to deliver effective care and treatment? |
| EFFECTIVE | HE6: Is consent to care and treatment always sought in line with legislation and guidance? |
| RESPONSIVE | HR1: How do people receive personalised care that is responsive to their needs? |
| RESPONSIVE | HR2: Do services take account of the particular needs and choices of different people? |
| RESPONSIVE | HR3: Can people access care and treatment in a timely way? |
| SAFE | HS3: Do staff have all the information they need to deliver safe care and treatment to people |
| SAFE | HS4: How does the provider ensure the proper and safe use of medicines, where the service is responsible? |
| WELL-LED | HW2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver? |
| WELL-LED | HW4: Are there clear responsibilities, roles and systems of accountability to support good governance and management? |
| WELL-LED | HW6: Is appropriate and accurate information being effectively processed, challenged and acted on? |
| WELL-LED | HW8: Are there robust systems and processes for learning, continuous improvement and innovation? |

**1.4** To meet the legal requirements of the regulated activities that {Yewtree medical centre} is registered to provide:

- Freedom of Information Act 2000
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Nursing and Midwifery Council (NMC) Legislation
- Access to Health Records Act 1990
- Data Protection Act 2018
- UK GDPR

## 2. Scope

**2.1** The following roles may be affected by this policy:
- All staff

**2.2** The following Patients may be affected by this policy:
- Patients

**2.3** The following stakeholders may be affected by this policy:
- Family
- Advocates
- External health professionals
- Local Authority
- NHS

## 3. Objectives

**3.1** The objective of this policy is to enable staff in whatever capacity they have with regards to record keeping at Yewtree medical centre to work alongside best practice principles and within the law.
**3.2** To enable timely and responsive care to Patients.
**3.3** To assist with defining accountability and establishing ways of working with record keeping and the use of documented communication systems at Yewtree medical centre.
**3.4** To support the ability to evaluate and review the way information is managed and recorded.

## 4. Policy

**4.1** Records will be generated and kept of all activities which may affect the quality of care and/or support given, the continuity of that care and/or support, and any business matters which affect the integrity of the service and the safety of Patients.
Entries into medical records must be contemporaneous wherever possible.
**4.2** Systems will be in place for ease of access when needed, but will comply at all times with secure data protection and confidentiality principles.
**4.3** Yewtree medical centre will comply with record retention requirements and must refer to the Archiving, Disposal and Storing of Records Policy and Procedure.
**4.4** All staff that make entries in records are responsible for the quality, content and adherence to this policy.
**4.5** All staff who supervise others during induction or training are responsible for the content and quality of the notes written whilst under their supervision. Staff will ensure that they fully understand and follow their own professional registration standards and codes of conduct in relation to delegation and accountability.
**4.6** All staff must ensure that they comply with this policy and must report any related incidents involving breaches of confidentiality (including data loss) using the risk management procedures of Yewtree medical centre.

## 5. Procedure

**5.1** Staff must be aware that relevant procedures apply to the following types of record keeping:

- Patient clinical records
- Staff communications
- Diary and handover systems between staff
- Minutes of meetings
- Significant events
- Audits and report writing
- Supervisions or appraisals
- Letters or email communication

**5.2 Acknowledging the Importance of Record Keeping**

All staff must be aware of the following principles when completing any records at Yewtree medical centre:

- They provide a permanent legal record
- They may be used for audit and investigative purposes
- Significant events and actions documented are evident, can be easily located, are legible, easily understood, relevant, truthful and signed by the entrant
- Records must be reviewed to aid planning and continuity of Patient care and the running of the service
- Times and dates must always be checked to confirm how up-to-date the records are

**5.3 Guidelines for Effective Record Keeping**

- Entries made must be as objective as possible, this means writing in a way that is exactly as the person has described. This ensures entries are precise and accurate
- Where it is felt assumptions are being made about people this must be avoided and advice sought from the senior member of staff on duty
- Talking and listening effectively will enable staff to find out people's needs. Observation will also do the same
- Never leave documentation until the end of the working day, records must be completed as soon after the event as possible to avoid forgetting valuable information
- Records must not be made until after the event
- Events may happen which will need to be reported immediately to a senior member of staff, such as; accidents, incidents, serious hazards and complaints. If there is no immediate way of recording such matters, you must still make your own records
- Patients must be made aware of any information kept about them and play an active part in their own care planning and communications. Records must evidence their awareness and involvement

**5.4 Computer Held Records**

- Personal information held on computers must be password protected to avoid the risk of breaching confidentiality
- There must be access controls to restrict users of the system to specific functions as defined by the system manager
- Screens must be locked and smartcards removed when leaving a computer that is switched on and logged in
- Steps must be taken to make regular backups of computer held records where the server is on site
- Backups must be stored in a secure place, if possible in a separate location

**5.5 Standards for Healthcare in Written Record Keeping**

It is recognised that the majority of information recorded about Patients in general practice is computerised. However, there may be rare occasions (for example if the electronic record is unavailable) where Patient information will need to be written down. Standards required in written medical record keeping may vary from profession to profession, some standards apply to all healthcare professionals. These standards are:

- Entries must clearly identify the author and include printed name and signature
- Entries must be legible
- Entries must include the time and date the entry is made
- Each page must clearly identify the Patient by recording their name and location
- Mistakes must be crossed through with a single line, signed, dated and timed. Correction fluid must not be used. Any sheets containing errors must not be removed from the records
- Documentation must be recorded, stored and accessible in chronological order
- Abbreviations must be avoided and if used, must be only those in widespread use within the profession
- Entries must be made in black ink

**5.6 Guidelines for Dealing with Messages**

- Write down messages clearly and legibly
- Listen carefully and check for accuracy with the person transmitting the message
- Work out a scale of urgency for transmitting messages
- If leaving a message with someone else to pass on be sure that the person it is intended for actually gets it

When writing down messages, include:

- Name of the person sending the message
- Name of the person who is to receive the message, date and time the message being received and given, clear details of the communicated message, indication of the urgency
- Whether it was a verbal message or telephone message

When passing on messages electronically:

- Either email or other internal electronic messaging system must be used (e.g. intranet or via the clinical system)
- Where email is being used and contains confidential information, the secure nhs.net email service must be used

**5.7 Training and Education**

All staff will be made aware of their responsibilities for record keeping and record management through the sharing and accessibility of this policy. Yewtree medical centre will identify and support the training needs of all staff that may have specific requirements in relation to Patient records; such as person-centred care planning.
All staff will receive an induction into record keeping requirements, security of records, confidentiality principles and data protection on commencement at Yewtree medical centre and via individual support on an as and when needed basis.

**5.8 Data Protection**

Records kept Yewtree medical centre must be reviewed, retained and destroyed in accordance with recommended retention and disposal schedules. Staff can refer to the Archiving, Disposal and Storing of Records Policy and Procedure at Yewtree medical centre for further information.
The collection of any information that is recorded will follow the principles set out in the General Data Protection Regulation, underpinned by the overarching need to gain consent from the Patient and through open and transparent discussions about how personal information is used within Yewtree medical centre.
Staff must refer to the following policies for further information:

- Consent to Examination or Treatment Policy and Procedure
- Mental Capacity Act (MCA) 2005 Policy and Procedure
- Information Governance, Data Protection and Confidentiality Policy and Procedure
- Access to Information Policy and Procedure
- GDPR suite of policies and procedures

Staff can also access further guidance provided by the ICO relating directly to the management of healthcare data.

## 6. Definitions

### 6.1 Records

- Records are defined as ‘recorded information, in any form, created or received and maintained by Yewtree medical centre in the transaction of its business or conduct of affairs and kept as evidence of such activity’

### 6.2 Medical or Clinical Record

- A 'clinical record' or 'medical record' means any record which consists of information relating to the physical or mental health or condition of an individual and has been made by or on behalf of a health professional in connection with the care of that individual

### 6.3 Handover

- This is the transfer of responsibility and accountability for some or all aspects of care to another person on a temporary or permanent basis

### 6.4 Data Protection Act

- The Data Protection Act was developed to give protection and lay down rules about how data about people can be used. The 2018 Act covers information or data stored on a computer or an organised paper filing system

## Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Information is of greatest value when it is accurate, up-to-date and accessible when needed
- A good standard of record keeping is the mark of a skilled and safe member of staff
- Yewtree medical centre is dependent on its records to operate efficiently and account for its actions
- Records form a permanent record of individual considerations and the reasons for decisions. Records help staff to communicate with colleagues and with themselves
- Record keeping is vital to evidence all aspects at Yewtree medical centre. Staff must be able to prioritise record keeping in their daily role. For effective auditing 'if it's not written down, it's not done'
- Good record keeping is the product of good team work and an important tool in promoting a high-quality service

## Key Facts - People affected by the service

People affected by this service should be aware of the following:

- Care plans and clinical records will contain information about you and the support you need. This is important so that every member of staff involved with your care has access to what matters most to you
- There are strict laws and regulations to ensure your clinical record is kept confidential and can only be accessed by people directly involved in your care
- You are encouraged to be fully involved in every aspect of your care and how this is delivered. Your clinical record will be used to record this information
- It is your right to review your records on request. If you wish, you can also request for someone else to view them. Staff will be able to advise you on how to request this

## Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

**The Health Foundation Inspiring Improvement have produced a user guide to person centred care, which includes further links and resources:**
https://www.health.org.uk/publications/person-centred-care-made-simple
**NMC - Record Keeping Guidance:**
https://www.nmc.org.uk/standards/code/
ICO - **General Data Protection Regulation (GDPR) FAQs for small health sector bodies:**
https://ico.org.uk/for-organisations/in-your-sector/health/health-gdpr-faqs/
GAB06 - Archiving, Disposal and Storing of Records Policy and Procedure
GCR03 - Consent Policy and Procedure
GCR13 - Mental Capacity Act (MCA) 2005 Policy and Procedure
GCP02 - Information Governance, Data Protection and Confidentiality Policy and Procedure
GAC01 - Access to Information Policy and Procedure

## Outstanding Practice

To be ‘ outstanding ’ in this policy area you could provide evidence that:

- Where issues have arisen with regard to communication and record keeping, there is a no blame culture in the service, but an opportunity taken to reflect on practice, review and implement changes for better outcomes
- Feedback from sources such as external visiting professionals, Patients, staff and families is positive in relation to communication systems and record keeping
- The wide understanding of the policy is enabled by proactive use of the QCS App
- Patients are fully involved in production, assessment, and evaluation of their clinical record
- Themed audits take place to ensure compliance with this policy
- Systems and processes are in place, efficient and regularly reviewed with regard to communication to staff and Patients

## Forms

Currently there is no form attached to this policy.