South Central Ambulance Service
NHS Foundation Trust

CLINICAL SERVICES POLICY & PROCEDURE

South Central Ambulance Service NHS Foundation Trust
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DOCUMENT INFORMATION

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Consultation & Approval: 2007	Staff Consultation Process: (21 days) ends: 19th Oct Clinical Review Group: 6th June 2019 Quality and Safety Committee: 16th April 2015 Board Ratification: N/A
Notification of Policy Release:	All Recipients e-mail – Staff Notice Boards - Intranet
This document replaces:	
Equality Impact Assessment identified	Stage 1 Assessment undertaken – no issues
Date of Issue:	May 2021
Next Review:	May 2023
Version:	CSPP No. 4 V8

Contents

PATIENT CLINICAL RECORD POLICY AND PROCEDURE

1. Introduction

1.1. This policy details the process involved with Patient Clinical Records (PCR's) from completion to archival for Emergency and urgent care, 111 or Patient Transport Services (PTS).

1.2. Clinicians will be expected to complete patient records in a clear and legible way either paper or electronic. This is to adhere to the Data Protection Act 1998, Freedom of Information Act 2000 and Caldicott Principles outlined in the Data Protection Policy.

2. Policy statement

2.1. The South Central Ambulance Service NHS Foundation Trust (SCAS) recognises its legal and moral duty to duly complete a patient clinical record when clinicians of SCAS have been called to treat or assist members of the public as part of their duties; whether that be emergency, urgent or non-urgent calls to the 999, 111 or PTS services.

2.2. SCAS accepts that the completion and safe storage of PCR's are good clinical practice and are an effective way of disseminating a record of the intervention and attendance of clinicians and effective in auditing those actions, providing good clinical audit to improve patient care.

2.3. SCAS has a responsibility to produce and complete patient clinical records so the Trust and individual clinician may:

- Provide accurate information about pre-hospital patient care so it may be conveyed to the next health care professional.
- Provide documentation for audit purposes.
- Provide information to the clinician and Trust for the purposes of training, development and report writing.
- Provide a true record for any actions of legality or complaint against the individual clinician or the Trust.

3. Scope of the policy

3.1. The patient clinical record is produced in many forms to represent the diverse nature of the work carried out by the clinicians of SCAS and this policy covers the main types of PCR utilised by the Trust including Paper records, electronic Patient Records (ePR) or Contact Centre records. It is beyond the scope of this document to be a detailed account of PCR, but outlines the salient points for PCR completion and archive.

4. Duties

4.1. Accountability for the production safe storage and destruction of clinical records is ultimately with the Trusts Chief Executive; however this can be devolved within the Trust Board to a clinical director if appropriate.

4.2. Director of Patient Care & Service Transformation

4.2.1. The Director of Patient Care and Service Transformation has Board level responsibility for the production safe storage and destruction of clinical records within South Central Ambulance Service NHS Foundation Trust. The Director of Patient Care and Service Transformation is a member the Clinical Review Group chaired by the Medical Director which forms the Committee with responsibility for the production safe storage and destruction of clinical records.

4.3. Assistant Director of Patient Care

4.3.1. The Assistant Director of Patient Care has senior management responsibility for the production safe storage and destruction of clinical records. The role also has a co-ordinating function between departments to ensure the effectiveness of the policy.

4.4. Clinical Review Group

4.4.1. The Clinical Review Group will assess the effectiveness of the policy and provide a gap analysis and action plans for the Quality and Safety Committee to monitor.

4.5. Quality and Safety Committee

4.5.1. The Quality and Safety Committee will monitor the production safe storage and destruction of clinical records within the Trusts clinical governance structure. The Quality and Safety Committee will monitor the completion rates on behalf of the Trust Board.

4.6. All Staff

4.6.1. All staff has a duty to complete patient clinical records where appropriate either paper or electronic in line with this policy, the data protection act 1998 and the Caldicott Guardian principles. The correct record should be completed in a legible manor and protected at all times. The Trust will audit a random sample of the records for compliance and the results feedback to staff via the team structure. Staff have a responsibility to act upon the results of audit in order to effectively learn from and improve practice as part of their continued professional development.

5. Patient Clinical Records within SCAS

5.1. Electronic Patient Record (ePR)

5.1.1 Device - An electronic Patient Record (ePR) device will be available on all Trust vehicles that respond to emergency and urgent calls, paper records may be maintained if the vehicle is used only at high REAP levels or is a private provider vehicle. The device is issued by the Trust to the vehicle for the use of Trust business only and not to be used for personal activities such as internet access or access to social media sites.

5.1.2 Use - The ePR device is configured for information to be entered into a template Patient Record which has the option of electronic secure transfer or printing from a printer. Additionally it has the ability to allow access to certain websites in a “white list” which are deemed to be of benefit to staff, patients or Trust business such as the Trusts intranet. There are some “applications” (Apps) which staff can use to streamline patient pathways and benefit patient care but are only those that are approved by the Trust.

5.1.3 Responsibilities – The Trust and its contractors are responsible for the provision and maintenance of the devices. The safety and security of the device is with the person using the device to ensure that patient information is secure and safely stored and transferred.

5.1.4 Configuration – Configuration of the template and additional websites or Apps that are made available on the device will be managed via a change control process by the Clinical Review Group (CRG) (Appendix 17). All suggestions for changes are to be requested via the Clinical Audit and Effectiveness Department for submission to the CRG to review and approve. Approved changes will be added to the next update in the “sprint” process and all rejected items fed back to the requester by the Clinical Audit and Effectiveness Department.

5.1.5 Completion – Completion of the ePR record should be as comprehensive as possible as the patient’s condition requires and as instructed during the training provided on the use of the device and flow of the template record. Recording the incident, patient details, treatment and advice given should be in line with the recommendations in the JRCALC/AACE guidelines and any registration body recommendations. If on arrival at the incident location nothing is found (e.g. patient ran off) it would be necessary to record basic data on the PCR/ePR to include job number and incident times and also a brief summary of your attempts to locate the patient. You should also clearly log your actions with the EOC.

5.1.6 Transfer of record – Once the disposition of the patient has been selected such as, hospital to be conveyed to, and the record completed, the record should be signed and closed. The record will then be available electronically at the receiving unit if it has a Clinical Work Station (CWS). If the facility does not have a CWS then the record should be printed and handed to the receiving unit for onward care. If the patient is discharged at home or in the community and leaving a printed copy of the record would not benefit onward care then a Patient Discharge Advice leaflet should be completed and left with the patient rather than printing the ePR record. If it is deemed appropriate by clinical judgement that a copy of the ePR record would be beneficial then one can be printed and left with the patient, family/carers.

5.1.7 Retrieval – Completed records can be retrieved from the storage database by accessing the database on the designated Trust PC at each resource Centre. This will depend on the access rights assigned to each individual based on their role. The individual that has created the record will be able to retrieve it, but only those with a supervisor role will be able to access records that they have not completed for investigation, audit and supervisory purposes.

5.1.8 Device Failure – If the device fails then the IT helpdesk should be contacted in the first instance. Most minor issues can be resolved by the helpdesk staff or they will arrange for a “hot swap device” to be issued as a replacement. If there is no other device available or if the device fails during an incident then use a paper record as described in the following paragraphs.

5.2. There are currently twelve variations of a paper PCR reflecting the diverse nature and circumstances encountered in the Trust’s role as a clinical care provider. The ePR is configured to encompass these records and has additional functionality to share records with healthcare partners via agreed secure interfaces.

5.3. CAS 101 (Patient conveyance form) – Appendix 1

5.3.1. This form is to be completed to record all Emergency responses, Urgent and Non-urgent calls. Clinical and non-clinical information is to be recorded to provide an accurate record of assessment and intervention whilst with the patient. If the nature of the incident warrants no treatment or intervention this must also be record on the CAS101. There are two copies to CAS101 which are administrated as follows:

- The Top copy should be retained by the crew and sent to the Audit and Effectiveness department for safe storage and audit.

- The Second copy is to be left with the patient if deemed appropriate based on clinical judgment or handed to the health care professional who is continuing the patient care. In the case of a copy of the record not being left with the patient a Patient Discharge Advice leaflet should be completed and left with the patient. If the second copy is not left with the patient then it should be left attached to the top copy to be processed by the Audit and Effectiveness department.

5.3.2. For non-conveyed patients this form is to be completed when a clinician has assessed the patient and has referred the patient to another health care professional e.g. Ambulance crew to General Practitioner.

5.3.3. The form should also be used in the event that the patient refuses treatment and / or conveyance to hospital. It should be signed by the patient, patient’s carer or guardian wherever possible. Where a Doctor or ECP is in attendance and feels that conveyance of the patient to hospital is not appropriate, attempts should be made to have the CAS 101 form completed and signed by the Doctor/ECP, as the senior clinician in attendance. Any relevant patient information leaflets should be left with the patient.

5.3.4. If a patient refuses to sign, or is under the age of consent, this must be recorded on the completed CAS 101. The Duty Communication Officer in the EOC must be notified before the crew withdraws from the scene to enable this to be logged in the EOC log book.

5.3.4 If on arrival at the incident location nothing is found (e.g. patient ran off) it would be necessary to record basic data on the PCR/ePR to include job number and incident

times and also a brief summary of your attempts to locate the patient. You should also clearly log your actions with the EOC.

5.4. CAS 102 (Continuation Form) – Appendix 2

5.4.1. This form is to be used for continuation of information that cannot be entered on the free text of any of the forms. This form should also be used to write case notes in the Medical Model by Emergency Care Practitioners. It is imperative that if a CAS 102 is completed that the check box identifying its completion on the CAS101 forms, is shaded. Furthermore, the forms should be able to be identified as being linked by completion of the relevant crossreferencing.

- The Top copy should be retained by the crew and sent to the Audit and Effectiveness department for safe storage and audit.

- The Second copy is to be left with the patient if deemed appropriate based on clinical judgment or handed to the health care professional who is continuing the patient care. In the case of a copy of the record not being left with the patient a Patient Discharge Advice leaflet should be completed and left with the patient. If the second copy is not left with the patient then it should be left attached to the top copy to be processed by the Audit and Effectiveness department.

5.5. CAS 106 (C-Spine Form) – Appendix 3

5.5.1. This form is completed where the patient has been assessed for the clearance of C-Spine.

- The Top copy should be retained by the crew and sent to the Audit and Effectiveness department for safe storage and audit.

- The Second copy is to be left with the patient if deemed appropriate based on clinical judgment or handed to the health care professional who is continuing the patient care. In the case of a copy of the record not being left with the

patient a Patient Discharge Advice leaflet should be completed and left with the patient. If the second copy is not left with the patient then it should be left attached to the top copy to be processed by the Audit and Effectiveness department.

5.6. CAS 107 (Supporting Documentation) – Appendix 4

5.6.1. This form records all supporting documentation such as ECG's and patient prescriptions, notes etc.

5.7. CAS 110 (Falls Risk Assessment Form) – Appendix 5

5.7.1. This form is to be used to refer patients over the age of 65 who have suffered a fall to the appropriate pathway.

• The Top copy should be retained by the crew and sent to the Audit and Effectiveness department for safe storage and audit.

• The Second copy is to be left with the patient if deemed appropriate based on clinical judgment or handed to the health care professional who is continuing the patient care. In the case of a copy of the record not being left with the patient a Patient Discharge Advice leaflet should be completed and left with the patient. If the second copy is not left with the patient then it should be left attached to the top copy to be processed by the Audit and Effectiveness department.

5.8. CAS 120 (Safeguarding Child / Adult Form) – Appendix 6

5.8.1. This form is completed when a SCAS clinician suspects that there is a case of child or adult abuse connected with the incident. The CSPP 1 Safeguarding Policy contains full instructions on the completion and methodology when handling an incident of this nature.

 The Single copy should be faxed by the person completing the record and then sent to the Audit and Effectiveness department for safe storage and audit.

5.9. CAS 130 (Community Responder Form) – Appendix 7

5.9.1. Community and Co-Responders should complete as many sections of the form as possible before hand over to the ambulance crew. In particular the patient details and basic observations should be recorded as well as handover details.

• The Top copy should be retained by the crew and sent to the Audit and Effectiveness department for safe storage and audit.

• The Second copy is to be left with the patient if deemed appropriate based on clinical judgment or handed to the health care professional who is continuing the patient care. In the case of a copy of the record not being left with the patient a Patient Discharge Advice leaflet should be completed and left with the patient. If the second copy is not left with the patient then it should be left attached to the top copy to be processed by the Audit and Effectiveness department.

5.10.CAS 140 (Emergency Care Practitioner Form) – Appendix 8

5.10.1. This form is used only by ECP's when attending an incident.

• The Top copy should be retained by the crew and sent to the Audit and Effectiveness department for safe storage and audit.

• The Second copy is to be left with the patient if deemed appropriate based on clinical judgment or handed to the health care professional who is

continuing the patient care. In the case of a copy of the record not being left with the patient a Patient Discharge Advice leaflet should be completed and left with the patient. If the second copy is not left with the patient then it should be left attached to the top copy to be processed by the Audit and Effectiveness department.

5.11.CAS 150 (Mental Capacity Assessment Form) – Appendix 9

5.11.1. This form is to be used to assess the level of the patients mental capacity.

- The Top copy should be retained by the crew and sent to the Audit and Effectiveness department for safe storage and audit.

- The Second copy is to be left with the patient if deemed appropriate based on clinical judgment or handed to the health care professional who is continuing the patient care. In the case of a copy of the record not being left with the patient a Patient Discharge Advice leaflet should be completed and left with the patient. If the second copy is not left with the patient then it should be left attached to the top copy to be processed by the Audit and Effectiveness department.

5.12.CAS 160 (Recognition of Life Extinct (ROLE) Form) – Appendix 10

5.12.1. This form is to be used for patients that are found in a condition that is unequivocally associated with death. This form should only be used if there has been no attempt at resuscitation, including basic life support. If an attempt at resuscitation has been made a CAS 101 requires completion. There are two copies to CAS 64 which are administrated as follows:

- The Top copy should be retained by the crew and sent to the Audit and Effectiveness department for safe storage and audit.

- The Second copy is to be left with the patient or handed to the Police officer attending the scene.

5.13.CAS 170 (TIA Referral Form) – Appendix 11

5.13.1. This form is to be used to record the direct referral of the patient to a TIA / Stroke Centre:

- The Top copy should be retained by the crew and sent to the Audit and Effectiveness department for safe storage and audit.

- The Second copy is to be left with the patient if deemed appropriate based on clinical judgment or handed to the health care professional who is continuing the patient care. In the case of a copy of the record not being left with the patient a Patient Discharge Advice leaflet should be completed and left with the patient. If the second copy is not left with the patient then it

should be left attached to the top copy to be processed by the Audit and Effectiveness department.

5.14.CAS 999 (TUB Assessment) – Appendix 12

5.14.1. This form is to be used to record assessment of a patient with traumatic injuries.

- The Top copy should be retained by the crew and sent to the Audit and Effectiveness department for safe storage and audit.

- The Second copy is to be handed to the health care professional who is continuing the patient care.

5.15.Electronic Data Records

5.15.1 Electronic data created in the Emergency Operation Centre (EOC) is server based electronic data and backed up onto two mirrored servers. In addition to this the voice recordings of telephony calls and radio communications are archived simultaneously onto Network Attached Storage (NAS) devices geographically separate for resilience purposes.

5.15.2 Electronic data created in the 111 Contact Centre is server based electronic data and backed up onto two mirrored servers. In addition to this the voice recordings of telephone calls and radio communications archived simultaneously onto Network Attached Storage (NAS) devices geographically separate for resilience purposes

5.15.3 Electronic data created on the ePR is server based electronic data that is stored off site in secure data centres in two separate locations for security and resilience. Data is transferred to a local Data Warehouse server for use internally for interrogation and analyses of data and access to patient records.

6. Completion of PCRs

6.1. The clinician will begin recording the patients clinical information at a time when safe to do so during or immediately after the treatment of the patient. The PCR should be completed using black ink only. The ePR should be completed when it is safe to do so or immediately after the treatment of the patient. Once the hospital destination has been selected and the record has been completed then the record should be signed and closed.

6.2. PCR's will be completed as detailed in the document 'Guidelines for the Completion of Patient Clinical Records'. Where abbreviations are used clinicians should refer to the reverse of the PCR or the front cover of the PCR pad. The ePR should be completed in line with the training material and 'Guidelines for the Completion of ePR' document.

6.3. The top copy of any patient record will be returned to the scanning operatives. Additional copies of the PCR's will be retained referring to the advice on the bottom of each form type.

6.4. Upon completion of the PCR the clinician will ensure that it is returned securely to the scanning operative in accordance with the Data Protection Policy.

7. Scanning and Verification (Paper records only)

7.1. Paper records will be stored, collected, and transported as per the Standard Operating Procedure in Appendix 19.

7.2. Patient Clinical Records will be scanned by the scanning operatives. They will ensure the PCR is then transferred to the verifiers.

7.3. Original paper copies of the PCR's will be retained for up to 30 days for protection and then destroyed to minimise storage costs.

7.4. Verification will commence upon receiving the PCR electronically. Verifiers must have their own login permissions for the verification software.

8. Paper Record Data and Image Storage

8.1. The PCR image will be backed up onto a device for storage of patient data for the requirement of legislation detailed in the Data Protection Policy.

8.2. The verified data is stored electronically together with a copy of the PCR image to be accessible to staff via CARS.

8.3. PRF's which can not be scanned such as carbon copies and damaged forms will be catalogued into a database manually and the hard copy stored securely onsite.

8.4. Recovery of the carbon copies or damaged PRF's will make use of a database to locate the original hard copy of the form.

8.5. ECG's will be photocopied onto CAS 107 Supporting Documentation forms.

9. Accessing Paper Records from CARS (Clinical Audit Reporting System)

9.1. Accessibility of CARS is detailed in the document 'CARS – System Overview and User Guide'.

9.2. CARS users will have strict controls based on their permissions on how they view and access the information in accordance with Caldicott principles.

9.3. Users who have a requirement to provide external agencies with PCR's and EOC data will do so in accordance with the guidance within the Data Protection and Freedom of Information policies.

10. Records Retrieval/Lock Down

10.1. Patient Clinical Records and electronic records need to be accessed and retrieved for a variety of reasons:

- Clinical Audit
- Internal investigations (e.g. IR1 and SUIs incidents)
- External investigations
- Legal proceedings
- Complaints
- Claims
- CPD Portfolio evidence

10.2 Individual clinicians have access to retrieve Patient Clinical Records which have their PIN numbers recorded on the record. They may need to access these records for audit, legal representation, complaints or for CPD portfolio. Any records used for audit or portfolio purposes should be redacted for patient security.

10.3 Other Patient Clinical Record request either internal or external is through the Trusts Information Governance Manager only. It is the responsibility of the person requesting the form to justify the need to view the record and in particular patient identifying information. The final decision as to if the information is released lies with the Information Governance Manager.

10.4 Electronic or voice recorded data from the EOC/111/PTS have the same rules as applied to section 10.3.

10.5 Clinical records that are identified as VIP or of significant media interest should be locked down to prevent access for personal or commercial gain. The process will be started in the EOC/111 call centre and cascaded using the flow chart in Appendix 18.

11. Patient Referrals

11.1. Patient Referrals will make use of CARS to pass information to PCT's and other external healthcare organisations in accordance with the Data Protection Policy, for the benefit of patient care or safety.

12. PCR Audit

12.1. In line with the Trust information Governance Framework, PCR's are audited for standards of completion and the results fed back to clinicians with action planning and review dates bi-annually, see Appendix 13. The same criteria are audited on an ongoing basis within the CARS CPI audit which is presented to the Clinical Review Group, Quality and Safety Committee and the Trust Board as standard agenda items. A template of the Board report can be seen in Appendix 16.

- Date
- Identity of Clinicians
- Incident Number
- Location of Incident

- Mechanism of injury
- Patient Demographics
- Presenting Condition
- Primary Observations
- Signature of Attending Clinician
- Signs and Symptoms recorded

12.2. PCR's are used to audit the Trust's successes with respect National priorities; the Trust's own benchmarks for performance and policy review process; training and operational effectiveness. The current clinical audit programmes running within the Trust are:

- MINAP
- Cardiac Arrest
- Primary Percutaneous Coronary Intervention (pPCI)
- Pain relief administration
- Stroke
- Asthma
- Diabetes
- Control of Infection compliance
- Safeguarding
- Recognition of Life Extinct/DNACPR (End of Life Care)
- Vehicle cleaning compliance

12.3 The clinical implementation process for the National Priorities and NICE guidelines can be found in the "THE REVIEW AND IMPLEMENTATION OF NATIONAL SERVICE FRAMEWORKS (NSF'S) AND NATIONAL INSTITUTE OF CLINICAL EXCELLENCE (NICE) GUIDANCE POLICY AND PROCEDURES", but the data for that implementation is obtained via the PCR audit process.

12.4 The Clinical Effectiveness Department collates information on the auditable areas and presents the information to the following Committees and departments for review:

- Quality and Safety Committee
- Education and Training
- Area Managers / Team Leaders
- Clinical Review Group
- Patient Safety Group

12.5. The combined resources will then make recommendations for the continued auditing, to be distinguishable from monitoring, of these clinical performance indicators.

13. Personal Audit by Staff Using PCR

13.1. The CARS system allows the auditing of the clinicians own performance for paper records and access to ePR records via the Clinical Work Station. Paramedic registration requires that registrants be able to provide a record of clinical skills and

reflective practice for CPD. Staff can access their PCR and report-on or direct personal development and training around specified areas of clinical practice.

14. Records Retention and Destruction

14.1. Clinical records will be retained and destroyed in line with the Trusts policy within Information Life Cycle Strategy

15. Training

15.1 This Trust will provide sufficient and appropriate clinical records training for each of the main staff groups. Clinical record training will be provided as identified through the training needs analysis.

16. Monitoring

16.1 The Policy will be monitored for its effectiveness by the Head of Clinical Excellence through the following:

- Responsibilities of staff will be monitored through attendance at meetings, management of systems, development of reports and the appraisal process.
- The process for creating, tracking and retrieving of records will be monitored by the Clinical Effectiveness Department and a report produced bi-annually to the Quality and Safety Committee covering:
  - Number of incidents generated in the EOC that would require a PCR and the number produced;
  - Number of records that have been reproduced internally;
  - Number of records that have been supplied to external bodies;
  - Reasons for retrieval.
- an audit of clinical record completion will be carried out bi-annually to ensure compliance by minimum completion where appropriate of:
  - Patient demographics;
  - Incident details;
  - Clinical observations.

16.2 These will be conducted on a bi-annual basis and reports provided to the Clinical Review Group and Quality and Safety Committee.

17. Other references

Data Protection Policy
Life Cycle Policy
Adverse Incident and Investigation Policy
Resuscitation Policy Safeguarding Policy
Clinical Audit Policy

Appendix 1 - CAS 101 (Patient conveyance form)

A CAS 101 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 2 - CAS 102 (Continuation Form)

A CAS 102 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 3 - CAS 106 (C-Spine Form)

A CAS 106 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 4 - CAS 107 (Supporting Documentation)

A CAS 107 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 5 - CAS 110 (Falls Risk Assessment Form)

A CAS 110 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 6 - CAS 120 (Safeguarding Child / Adult Form)

A CAS 120 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 7 - CAS 130 (Community Responder Form)

A CAS 130 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 8 - CAS 140 (ECP Form)

A CAS 140 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 9 - CAS 150 (Mental Capacity Assessment Form)

A CAS 150 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 10 - CAS 160 (Recognition of Life Extinct (ROLE) Form)

A CAS 160 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 11 - CAS 170 (TIA Referral Form)

A CAS 170 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 12 - CAS 999 (TUB Assessment)

A CAS 999 form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 13 – Completion of Patient Clinical Records Manual

Appendix 14 - PCR Audit criteria

A PCR form is available for Internal use by SCAS Staff. It can be accessed internally via our Staff Intranet.

Appendix 15 - Clinical Performance Indicators Board Report

A Clinical Performance Indicators Board Report is available on request.

Appendix 16 - Change Control Process ePR

The change control process is available on request.

Appendix 17 - Security of High Public Profile ePR & Cars Records

Responsibility for identifying that we have received an emergency call regarding someone in the public eye who is likely to attract media interest resides with the EOC Duty Manager, or in their absence the EOC Shift Officer or Senior Emergency Call Taker.

They will notify the SCAS Silver Commander that a High Public Profile patient event has occurred,

The Silver Commander will advise the SCAS Assistant Director of Patient Care, by telephone during normal office hours and via eMail during the out of hour's period that such an event has occurred and request that records be secured.

The locking down of records is covered within the Clinical Services Policy & Procedure No 4 – Patient Clinical Record Policy & Procedure – March 2017
This policy clarifies (Para 4.3) the responsibility of the Assistant Director of Patient Care.

4.3 Assistant Director of Patient Care

4.3.1 The Assistant Director of Patient Care has senior management responsibility for the production safe storage and destruction of clinical records. The role also has a co-ordinating function between departments to ensure the effectiveness of the policy.

Section 10 of the policy and procedure covers Records Retrieval and Lockdown

10. Records Retrieval/Lock Down

a. Patient Clinical Records and electronic records need to be accessed and retrieved for a variety of reasons:

- Clinical Audit
- Internal investigations (e.g. IR1 and SUIs incidents)
- External investigations
- Legal proceedings
- Complaints
- Claims
- CPD Portfolio evidence

43.1. Individual clinicians have access to retrieve Patient Clinical Records which have their PIN numbers recorded on the record. They may need to access these records for audit, legal representation, complaints or for CPD portfolio. Any records used for audit or portfolio purposes should be redacted for patient security.

43.2. Other Patient Clinical Record request either internal or external is through the Trusts Information Governance Manager only. It is the responsibility of the person requesting the form to justify the need to view the record and in particular patient identifying information. The final decision as to if the information is released lies with the Information Governance Manager.

43.3. Electronic or voice recorded data from the EOC/111/PTS have the same rules as applied to section 10.3.

43.4. Clinical records that are identified as VIP or of significant media interest should be locked down to prevent access for personal or commercial gain. The process will be started in the EOC/111 call centre and cascaded using the flow chart in Appendix 18.

The Assistant Director of Patient Care is one of three designated clinicians with Clinical Record Manager rights within the Ortivus ePR system. They will flag any High Public Profile events as “Deleted”, and thereafter inaccessible to ePR users.

The records can be reactivated and released by the Ortivus Database Administrator (an Ortivus employee) on the authority of the Caldicott Guardian, or the SIRO.

A central log will be maintained by Patient Care team detailing all deletions undertaken, including requests for reactivating records, accepted and denied This log will be regularly audited by the IG Manager and reported to the IG Steering Group on behalf of the Caldicott Guardian.

Lockdown of Patient Clinical records ePR/CARS

VIP or High Interest Incident highlighted at EOC

EOC Lockdown
CAD Record

EOC Duty
Manager informs the CARS support email with incident details

The record is deleted from view by the CARS Support Team

Email sent to Ortivus/Doc-works to inform names of Authority personnel to allow access: CARSSupport@scas.nhs.uk

Appendix 19 – **Paper Clinical Record Document Collection Process**

The paper clinical record document collection process is available on request.