London Ambulance Service NHS

NHS Trust

Procedure for the Management of Health Records

DOCUMENT PROFILE and CONTROL.

Purpose of the document: Provides users with a clear procedure for use, storage and transportation of Health records, both paper and electronic and ensures that the requirements of Clinical Governance, Research Governance, Data Protection legislation and Caldicott Principles are met.

Sponsor Department: Management Information

Author/Reviewer: Head of Management Information and Archives. To be reviewed by May 2021.

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Links to Related documents or references providing additional information		
Ref. No.	**Title**	**Version**
	Data Protection Act 2018	
	Caldicott 2 and 3 Information Governance Reviews	
	Records Management NHS Code of Practice	
TP/009	Policy for Access to Health Records	
TP/012	Data Protection Policy	
TP/018	Policy for safeguarding children and young people	
TP/019	Policy for safeguarding adults in need	
TP057	Waste Management Policy	
OP/014	Managing Conveyance of Patients	
OP/031	Consent to examination or treatment	
	Assignment Record and Clinical Record Form User Guide	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

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. London Ambulance Service NHS Trust (LAS) staff who have responsibility for creating and/or managing health records are not exempt from these principles.

In accordance with Clinical Governance, Research Governance, Data Protection legislation and Caldicott Principles, the London Ambulance Service 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.

Clinical Governance is about the systems and processes which create a culture which is patient-centred, accountable, safe and high quality service in an open and questioning environment.

Research Governance is about enhancing research in health and social care. Research Governance sets a framework within which the public has a right to expect high scientific, ethical and financial standards, transparent decision-making processes, clear allocation of responsibilities and robust monitoring arrangements.

The Data Protection principles are about ensuring that personal data is processed lawfully, fairly and in a transparent manner in relation to individuals; collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed; accurate and, where necessary, kept up to date; kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; and processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

The seven Caldicott Principles reflect the same legal requirements as Data Protection legislation. The Caldicott Principles are specific in guiding each organisation in ensuring that safe systems are in place to govern the flow of patient-identifiable information. This includes how documents are completed, stored and transported at a local level. Each member of staff must take every possible precaution to protect each patient's information.

Good record keeping helps to protect the welfare of patients by promoting better communication, continuity of care and dissemination of information between members of the inter-professional health care team and thus the ability to detect problems, such as changes in the patient's condition, at an early stage. The quality of patient care record keeping is a reflection of the

standard of professional practice. Good record keeping is a mark of a skilled and safe practitioner.

The principles outlined in this procedure relate to the use, storage, transportation, retention and destruction of health records completed by operational staff. Any specific guidance relating to an individual record is attached as an appendix to the procedure. Health records are legal documents that may be produced in both Coroner's and civil courts as evidence and they can be accessed by patients or their representatives where appropriate.

The documents discussed within the procedure provide a medico-legal record of any assessments, observations, treatment or actions undertaken by LAS staff. This information is essential to provide evidence that the crew's duty of care has been fully met. Comprehensive completion of all health records is a contractual requirement.

2. Scope

This procedure applies to electronic data, paper forms, audio recordings and any other formats, containing patient information, completed, generated or handled by LAS staff including, but not exclusively, A&E, EOC and NHS 111.

3. Objectives

1. To provide users with a clear procedure for use, storage, transportation, retention and destruction of health records, both paper and electronic.

2. To help ensure that the requirements of Clinical Governance, Research Governance, Data Protection legislation and Caldicott Principles are Met.

4. Responsibilities

4.1 Managers have responsibility for ensuring that this procedure is adhered to by staff and for carrying out the monitoring role as defined with the 'Implementation Plan' of this document.

4.2 Staff designated as responsible for dealing with the forms are responsible for creation, processing, storage and transportation of the records in accordance with the requirements of their role and the appropriate appendix of this procedure.

4.3 Staff will be expected to ensure that all patient related paperwork is completed accurately and comprehensively in a timely manner and

forms remain secure at all times until handed over or deposited in the locked box provided.

4.4 Equipment support personnel and other persons designated the task of transferring forms, will be responsible for ensuring the security of documents during transportation.

4.5 Postholders with responsibilities for the records identified in the appendices are responsible for managing that part of the lifecycle of the document that relates to: access, retention and destruction.

4.6 The Information Governance Manager is responsible for interpreting the national guidance defining the correct retention periods of records defined in the appendices of this procedure.

4.7 The Risk and Audit Manager is responsible for developing an annual programme of audits that will enable the monitoring of the intended outcomes of this procedure.

4.8 The Information Governance Group (IGG) is chaired by the Chief Information Officer who is the Senior Risk Owner (SIRO) and will monitor the implementation of this procedure.

5. Definitions

5.1 Record

'Recorded information, in any form, 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'.

5.2 Health Record

The Data Protection Act 2018 states that a Health Record means a record which:

(a) consists of data concerning health, and
(b) has been made by or on behalf of a health professional in connection with the diagnosis, care or treatment of the individual to whom the data relates;

6. Legal and Professional Obligations

All NHS records are Public Records under the Public Records Acts. The Trust will implement all necessary measures to comply with its legal and professional obligations for public records as set out in the IGA Records Management Code of Practice for Health and Social Care 2016 Section 4.
In particular:

- Public Records Acts 1958 and 1967

- Data Protection legislation
- Freedom of Information Act 2000
- Caldicott 2 Information Governance Review 2013
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- Confidentiality: NHS Code of Practice

and any new legislation affecting records management as it arises.

7. Record creation

7.1 Health records are created to ensure that the business of the Trust is carried out effectively and information is available to:

- support the care process and the continuity of care
- support day to day business which underpins delivery of care
- support sound corporate and managerial decision making and provide evidence of decisions taken
- meet legal requirements, including requests from service users under access to health records legislation
- assist with clinical and other audits and learn lessons from past experience
- support improvements in clinical effectiveness through audit and research
- provide a contemporaneous record for Patient Report Forms (PRFs) as outlined in the PRF User Guide.

8. Record quality

8.1 All records must be fit for purpose, complete and accurate and the information they contain reliable with its authenticity guaranteed. Failure to ensure that data is of good quality and is up-to-date could have a detrimental effect on the patient, the LAS, its employees, its relationship with other Trusts and the community it serves. The LAS aims to ensure that:-

- the right information is created at the right time by the right person in the right way;
- the information is reliable and accurate;
- the information has been created in an appropriate format;
- information has been captured which describes its purpose, its content, who created it, and when it was created (known as metadata).

8.2 All manually completed paper records must be written clearly and legibly using a black ink ballpoint pen. Records should be dated and signed, where appropriate, with time of entry and any alterations should be visible (by striking through using a single line) and initialled. When forms are self duplicating, staff must ensure that all written entries are legible on all copies.

8.3 Record keeping standards for PRFs must be followed in line with the PRF User Guide (see Appendix 3).

9. Management and Tracking of Paper Health Records

9.1 A secure designated point, which in most instances will be a locked box, is provided for all completed forms. All paperwork must be handed in at the designated point by the end of the shift and not left in vehicles or lockers.

9.2 Forms must be transferred from their secure designated points on a daily basis. If required, Clinical Team Leaders may also undertake transfers of forms at the weekend.

9.3 Each working day designated staff responsible for dealing with the forms must empty all the paperwork from the boxes/containers and process them in accordance with the appropriate appendix of this procedure.

9.4 All forms designated for Management Information should be promptly processed by station complexes in order that they are received by Management Information within three (Monday to Friday) working days.

9.5 Staff must ensure that forms remain secure at all times until handed in. Documents should never be left on view or unattended in an unlocked vehicle.

9.6 When documents are subsequently transported from one location to another they must be conveyed in designated bags / containers with an entry made on the Kit Prep application by the equipment support personnel or clinical team leader (at weekends). In the absence of the equipment support personnel, a specific member of staff should be allocated for this responsibility and to act in accordance with the procedure.

9.7 The log will comprise of the equipment support personnel running sheet or the station occurrence book. The log should be dated, timed and signed by the person responsible for the transfer and the recipient. In the absence of a recipient the log should clearly indicate where the forms have been deposited.

9.8 The equipment support personnel, or other designated person transferring the patient related forms should ensure that the bags/ containers are sealed when being put in the vehicle and that they remain secure whilst being transported. The vehicle must not be left unlocked whilst unattended.

9.9 When completed documents are being used for audit or monitoring purposes and are not in a secure container, work must be undertaken in a designated 'safe haven' and access restricted to essential staff. A safe haven is a lockable facility within a lockable area. When not in use the records must be secured in the lockable area.

9.10 Copies must not be taken of any documents locally and documents must not be retained by departments for enquiries. If copies of forms are required or any queries are received, these must be channelled through the Operational Information and Archives Department using an LA413.

9.11 Documents received by Management Information are logged into a database detailing date, station and number of records. Documents are then scanned into the scanning system. Ad hoc documents are scanned as attachments to the PRFs. The documents are colour-coded at each stage of the process to demonstrate their current status and the system is checked to ensure that the documents have been correctly processed. A count of expected records and received records is available on the Pulse through the Business Intelligence Portal and batches of missing records are chased by Management Information staff.
All records in Management Information are stored in a locked storage system.

10. Management and Tracking of Electronic Health Records

Management of electronic health records is carried out in accordance with Appendix 2. Access to electronic health records is via the Business Intelligence Portal and this is controlled by Windows log-in based on rules determined by IGG.

11. Storage, Handling, and Security

Staff must ensure that Health Records are kept secure at all times when being handled and/or transported between Trust locations and externally. All portable devices containing electronic records must be encrypted and

the transportation of patient identifiable paper records, particularly externally, must be kept to a minimum and not stored externally except under controlled conditions. (See also TP047 Electronic Information Handling Procedure).

12. Disclosure and Retrieval

12.1 Health records will only be disclosed by the LAS in compliance with TP009 'Policy for Access to Health Records. Any information recorded about a patient may not be disclosed without the patient's consent (LA234) or a declaration form (LA413, LA414, LA416) being completed. These forms are available electronically on '*the pulse*', and when completed should be emailed to the Operational Information and Archives Department who control and record details of all access to, and retrieval of, such records.

12.2 Disclosure to a third party will be limited to the minimum information required to satisfy the purposes of disclosure and any bulk or regular transfer of identifiable patient data between the LAS and other Trusts and agencies will be controlled and monitored through an Information Sharing Protocol or Subject Specific Information Sharing Agreement (SSISA). Any secondary use of health records will be anonymised wherever this is sufficient for purpose.

13. Retention, Disposal, and Destruction

13.1 Patient identifiable information will be stored and maintained for differing periods of time and in different locations in accordance with the IGA Records Management Code of Practice for Health and Social Care 2016 Section 4..

13.2 The length of time records will be stored will take into consideration legislation, best practice and organisational needs.

13.3 Records will be securely stored in conditions and locations appropriate, for the period of time they are to be retained, to ensure preservation.

13.4 The postholder with responsibility for the records, as identified in each appendix, will in each instance ensure that access to records is maintained throughout their lifecycle, and has the responsibility to ensure that a review is carried out at the end of the retention period. Where there is uncertainty about the need for continuing retention the postholder will consult with the Information Governance Manager who will make the final decision on retention.

13.5 The postholder with responsibility for the records is responsible for their secure destruction. Electronic records will be destroyed in compliance

with TP047 Electronic Information Handling Procedure and paper copies will be destroyed on site in compliance with TP057 Waste Management Policy.

13.6 The following is a list of forms covered in this procedure and their corresponding appendix:

Form	Appendix
▪ Call receipt forms (CRFs)	Appendix 1
▪ Electronic patient records	Appendix 2
▪ Patient Report Form(LA4) & Handover Report Form (Available from procurement)	Appendix 3
▪ PTS booking forms	Appendix 4
▪ EOC audio recordings	Appendix 5
▪ LA5 Assessment of Capacity Form (Available from procurement)	Appendix 6
▪ LA5a Patient Agreement to Investigation or Treatment (Available from procurement)	Appendix 6
▪ LA5b Parental Agreement to Investigation Or Treatment for a Child or Young Person (Available from procurement)	Appendix 6
▪ Notification of Safeguarding or Welfare Concern for children and adults	Appendix 7
▪ LA3 Recognition of Life Extinct (R.O.L.E. leaflet) (Available from procurement)	Appendix 8
▪ LAS NHS 111 Management of Health Records	Appendix 9
▪ LAS NHS 111 Manual call documentation form	Appendix 10

IMPLEMENTATION PLAN				
Intended Audience	For all LAS staff who are responsible for creating or managing Health Records			
Dissemination	Available to all staff on the Pulse			
Communications	Revised Procedure to be announced in the RIB and a link provided to the document			
Training	Records Management in online Information Governance training			
Monitoring:				
Aspect to be monitored	**Frequency of monitoring AND Tool used**	**Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**How learning will take place**
Duties, including basic record keeping standards which must be used by all staff (Sections 4 and 8)	Record quality will be checked on a monthly basis by auditing a percentage of PRFs (CPI reports)	CARU – reports to CARSG	Quality Oversight Group	Staff advised of any committee recommendations. Training and appraisals
Legal obligations that apply to records (Section 6)	Quarterly review of IG legislative agenda	IG Manager reports to Information Governance Group		Staff advised of any changes through RIB notification

How a new record is created and the process for making sure a contemporaneous record of care is completed (Section 7)	Record completion is checked on a monthly basis by auditing a percentage of PRFs (CPI reports) Receipt of completed PRFs is continuously monitored by MI and available through the BI Portal.	CARU – reports to CARSG Head of MI & Archives - reports to Information Governance Group		Training and appraisals Notifications to managers and staff as required
How health records are tracked when in current use (Section 9)	Receipt of completed PRFs is continuously monitored by MI and available through the BI Portal.	Head of MI & Archives - reports to Information Governance Group		Notifications to managers and staff as required.
Process for retention, disposal and destruction of records (Section 13)	Retention arrangements to be checked when procedure is reviewed. As records are kept for 25 years the disposal and destruction process will be reviewed prior to the first review period.	Head of MI & Archives - reports to Information Governance Group IG Manager reports to Information Governance Group		Notifications to managers and staff as required.

Appendix 1

Call Receipt forms (CRFs)

Introduction

If CommandPoint™ is unavailable in EOC paper Call Receipt Forms (CRFs) are completed for all emergency and non- emergency calls.

Specific Procedure

1. CRFs must be placed in the filing box in EOC. The box will be collected daily (Monday to Friday) and taken to Management Information for processing and filing.

3. The forms must not leave the control room until they are collected by a designated person for delivery to MI. If there are any requests from an outside agency regarding these forms, section 12.1 of this procedure should be adhered to.

4. CRFs are filed chronologically.

5. Retention and Disposal: It is the responsibility of the Operational Information & Archives Manager to ensure that:

   - Original copies are scanned onto the network in a secure location and then securely destroyed.

   - The images are stored for 25 years in the Management Information Department, then reviewed and securely destroyed if no longer required

Appendix 2

Electronic patient records

Introduction

For all calls taken in EOC through the 999 system, an electronic record is generated.

Specific Procedure

1. All calls are stored in a secured database on a centrally managed server.

2. The database is managed by Software Development & Support

3. The database is automatically backed up every four hours by internal IT services.

4. Access to records is controlled and managed by Operational Information & Archives on the authorisation of the Information Governance Group

5. Retention and Disposal: Records are retained for 25 years.
   It is the responsibility of the Senior Business Intelligence Developer and Data Quality Manager to ensure that electronic patient records are reviewed after 25 years and securely destroyed if no longer required.

Appendix 3

Patient Report Form & Handover Report Form

Introduction

The Patient Report Form – LA4 (PRF) provides a record of a resource's response to a call, patient observations and treatment. This information recorded on the PRF is important because:

- It contains details about the patient that may assist in their care, both in terms of changes in their condition, where changes in the vital signs show a trend, and the environment in which the patient was found.
- It may contain elements of the history that the hospital or alternative pathway would not otherwise know which may affect the patient's care and the decision to discharge.
- It contains timings that are vital for the Service to monitor, both for response times, but also times at which vital signs were taken and when interventions were undertaken.
- It allows the Service to audit / research various aspects of our work. By doing so we can link our care with patient outcomes and work toward improving patient care and evidence based practice.
- It allows clinical data to be captured from the PRF and used for reporting
- It is an essential element of the documentation required in answering queries and complaints and undertaking investigations into reported incidents.

It is therefore extremely important that the PRF is always completed giving as much information as possible, especially when patients are not transported.

Specific Procedure

1. This guidance must be read in conjunction with the Patient Report Form User Guide.

2. A PRF must be completed for every emergency and non emergency call where the vehicle has arrived at a given location, regardless of whether a patient is present or not, including self activated and running calls. Managers should complete form LA21 when attending in a managerial role **only**. LA21 forms must be returned to Emergency Preparedness Resilience and Response. Self activated calls are when a responder hears of an emergency call, informs EOC and is then

asked to attend. A running call is when a responder comes across a call for which they have not been allocated and there is no other resource on scene.

3. If the vehicle is cancelled en route to a call and therefore does not arrive at the scene of the incident a PRF is not required. In these circumstances an entry must be made on the LA1 to show that the call was cancelled.

4. Where a vehicle arrives on scene but cannot find a patient a PRF is still required. In these circumstances the PRF is used to document fully what steps were taken to locate the patient.

5. Where a single responder attends a call and the patient is conveyed by another vehicle, a handover form (LA4H) may be completed instead of a full PRF. The exceptions to this are when attending a cardiac arrest call as lead paramedic or where the patient is not conveyed, or morphine is administrated. In these circumstances a full PRF must always be completed.

6. A single form must be completed for every patient and, in situations where there are multiple patients, an individual form will be required for each patient.

7. Resources attending an incident who do not transport the patient must ensure that the call sign of the vehicle that transported the patient is clearly printed in the additional information box of their PRF/LA4H

8. Information passed concerning a call must be written directly onto the PRF, and that form completed and placed in the designated box by the end of the shift for secure onward transmission to the main station office. Some forms will inevitably be 'spoiled' during completion and in this case it is permissible to begin again on a new form. Spoilt forms must be clearly marked as such and lined through; they must then be managed as per section 22 of this appendix.

9. The fullest possible explanation of assessment and treatment must be recorded for each patient. It is equally important to make clear why care/treatment required by clinical guidelines, protocols and procedures has NOT been administered as it is to record what has been done (this helps to justify clinical decisions).

10. Any information that cannot be detailed adequately elsewhere on the PRF must be recorded in the free text box.

11. The second white carbon copy of the PRF is designed to be left at the hospital or alternative pathway to form a permanent record of the care given by the LAS. It must be left with the receiving clinician prior to leaving the patient in accordance with the OP14 (Managing the Conveyance of Patients Policy and Procedure). The smaller third page

at the back of the form is left with hospital reception staff to negate the need for an administrative handover.

12. When the patient is not conveyed the second white carbon copy of the PRF must be handed to the patient or carer.

13. A written record must be made on the PRF of the advice that the crew have given the patient regarding their condition, including a recommendation where appropriate that the patient allow the crew to convey them to hospital or utilise an alternative pathway.

14. The crew must ensure that the patient or carer has been advised of how to proceed should they wish to be conveyed to hospital at a later time. This information must also be noted on the PRF.

15. When the patient is not conveyed, the patient must be asked to sign the PRF indicating that they have understood the advice given to them. If the patient is unable to sign, then a responsible adult may sign on their behalf and a note of this made on the PRF. If the patient is a young child, the parent/guardian may sign, indicating their parental responsibility.

16. The top copy of the PRF must be placed in the LA1 envelope before being placed in the designated box by the end of each shift.

17. Following calls where there is no patient, both the top copy and carbon copy of the PRF must be placed in the designated secure box by the end of the shift.

18. Administrative staff on station must ensure that all PRFs are accounted for against the LA1.

19. The white copies of the PRFs should be open and batched by date.

20. Continuation sheets, additional forms, separate notes, ECG traces, etc. must include references to allow the information to be matched with the appropriate PRF. The reference must include all of the following; Date, CAD, Call sign and PRF ID (barcode number). The additional paperwork must NOT be attached to the PRF but filed behind the corresponding PRF.

21. Each day's forms must be placed in a secure bag, sealed with a white numbered seal and placed in the internal post box. A record of the seal number and PRF batch dates must also be placed in the bag. Sealed bags will be collected by equipment support personnel, the seal number recorded on Kit Prep application, and taken to the Logistics Support Unit where they are placed in secure, sealed containers for onward transmission to Management Information.

22. Retention and Disposal: It is the responsibility of the Senior Business Intelligence Developer and Data Quality Manager to ensure that:

- Original forms are scanned as images onto a centrally controlled server and automatically backed up every day through internal IT services.
- The original copies are securely destroyed.
- Electronic records which are stored for 25 years in the Management Information Department are reviewed after 25 years and securely destroyed if no longer required.

Any 'spoilt' forms or forms that do not need to be retained must be submitted and disposed of in a secure manner either through shredding on site, or in security bags. See TP057 Waste Management Policy for further detail.

23. Attention is drawn to section 12.1 and 9.5 of this procedure to ensure that the LAS maintains patient confidentiality within Data Protection legislation and the Caldicott Principles.

Appendix 4

Patient Transport Forms

Introduction

For all patient records taken by PTS through the Meridian system, an electronic record is generated. Historical records are held on CD Rom.

The paper forms used to generate an electronic record could include the following:

PTS Booking Form
PTS1 Log Sheet and PTS1 Continuation Sheet
Other PTS Patient Identifiable Documents

Specific Procedure – electronic records

1. All patient records are stored in a secured database on a centrally managed server.

2. The database is managed by PTS

3. The database is automatically backed up every four hours by internal IT services.

4. Access to records is controlled and managed by PTS management.

5. Retention and Disposal: Records are retained for 25 years.
   It is the responsibility of PTS management to ensure that electronic patient records are reviewed after 25 years and securely destroyed if no longer required.

Specific Procedure – hard copy records

1. For any paper forms generated through the PTS processes.

2. Retention and Disposal: These sets of information are kept securely for up to twelve months at Becontree, New Malden and EOC. It is the responsibility of the Deputy Head of PTS to ensure that at the end of this period the local Transport Operations Centre manager arranges for these documents to be disposed of in a secure manner either through shredding on site, or in security bags.

Specific Procedure – historical records

1. Patient Transport Service (PTS) booking forms were generated for the purpose of booking a patient to travel and were scanned onto CD Rom. The CDs are held at both New Malden and Becontree in locked cabinets whilst the forms were securely destroyed by the contractor.

2. Retention and Disposal: The CD ROMs are stored securely for 25 years by PTS. It is the responsibility of the Deputy Head of PTS to ensure that secure storage is in place and the CD ROMs are reviewed and securely destroyed if no longer required at the end of the 25 year retention period.

Appendix 5

EOC Audio Recordings

Introduction

All incoming and outgoing calls received or made by EOC, and all radio transmissions are recorded.

Specific Procedure

1. Radio transmissions are recorded onto the Redbox media server. All other calls are held on two central servers at Waterloo and Bow

2. Access to recordings is controlled and managed by Operational Information & Archives.

3. Retention and Disposal: It is the responsibility of the Operational Information & Archives Manager to ensure that recordings are stored for 25 years, then reviewed and securely destroyed if no longer required.

Appendix 6

LA5 – Assessment of Capacity Form,
LA5a – Patient Agreement to Investigation or Treatment,
LA5b – Parental Agreement to Investigation or Treatment for a Child or Young Person

Introduction

OP31 Policy for Consent to Examination or Treatment details the LAS approach on patient consent to examination or treatment. The above forms are used as part of that approach where appropriate.

Specific Procedure

1. For specific guidance on the above forms please refer to OP31 Policy for Consent to Examination or Treatment

2. The forms when completed must be filed behind the corresponding PRF and sent to Management Information for filing

3. Retention and Disposal: It is the responsibility of the Data Quality Manager and Senior Business Intelligence Developer to ensure that:

    - LA5 forms are scanned as images with the appropriate PRF onto a centrally controlled server and automatically backed up every day through internal IT services.

    - The original copies are securely destroyed.

    - Electronic records which are stored for 25 years in the Management Information Department are reviewed after 25 years and securely destroyed if no longer required.

Appendix 7

Notification of Safeguarding or Welfare Concern for children and adults

Introduction

TP18 and TP19 are the procedures for ambulance crews who attend a child or vulnerable adult and are concerned that the child or vulnerable adult may have been either physically, sexually, emotionally abused, or neglected. .

Specific Procedure

1. Please refer to TP19 (Safeguarding Adults at Risk Policy) for specific information on LA280.

2. For referrals taken overnight (i.e. between 08:00 and 20:00, form LA280 is faxed to the Emergency Bed Service (EBS) at HQ who will enter the information onto Datix, and scan and upload the original form, at which point the paper copy is shredded on site

3. For adult referrals taken during the day, and for child referrals 24hrs, details are entered directly onto Datix.

4. Retention and Disposal: It is the responsibility of the Head of EBS to ensure that the scanned LA280 forms, and all referrals made directly onto Datix are stored electronically for 25 years and reviewed after 25 years and securely destroyed if no longer required.

Appendix 8

LA3 Recognition of Life Extinct (R.O.L.E. leaflet)

Introduction

In certain circumstances, and in accordance with the Joint Royal Colleges Ambulance Service Liaison Committee (JRCALC) Clinical Practice Guidelines ambulance staff are authorised to recognise patient death. Form LA3 must be completed for all patients where death has been recognised

Specific Procedure

1. Please refer to LA3 booklet and JRCALC Guidelines for specific guidance on how and when to complete the form.

2. The white copy is retained by the LAS and filed with the corresponding PRF.

3. The carbon copy of the form must be handed to the police in cases on unexpected death. In cases of expected death, the carbon copy of the LA3 must be handed to relatives or other responsible person on scene.

4. Retention and Disposal: It is the responsibility of the Data Quality Manager and Senior Business Intelligence Developer to ensure that:

    - LA3s are scanned as images with the appropriate PRF, onto a centrally controlled server and automatically backed up every day through internal IT services.

    - The original copies are securely destroyed.

    - Electronic records which are stored for 25 years in the Management Information Department are reviewed after 25 years and securely destroyed if no longer required

Appendix 9

LAS NHS 111 Management of Health Records

Introduction

The 111 call centre stores patient records within the Adastra system. The record consists of patient identifiable demographic information generated by Adastra and clinical assessment information generated by the Pathways tool. Access into the system is controlled by a two step personal login.

Specific Procedure

1. During the Out of Hours (OOH) period, where the outcome of the assessment is refer to the OOH, then patient records at the completion of the call process are sent via secure electronic link to the OOH provider. If a record fails to send for any reason, the record is printed and faxed to the provider under a safe haven process. The record is then disposed of as confidential waste.

2. Where consent is given by the patient all call records are sent via secure electronic link to their GP surgery.

3. Patient records are not routinely printed out except when required for call audits and investigations for instance. When the records are printed they are kept within the confines of the people that are required to use them.

4. Where voice recordings of calls are required, for audit purposes or for use by another organisation such as the Police, calls are downloaded and anonymised where appropriate to do so.

Police /other agency requests for information

When the Police or other agency request information from 111, relating to patients, they are sent the LAS Operational Information and Archives request form (LA414 Police and LA413 other agencies) to complete. They are required to return the document via email to the 111 secure .net email address before any documentation is released.

Appendix 10

LAS NHS 111 Manual call documentation form

Introduction

If Adastra is unavailable 111 Call Record Forms are completed for all calls.

All calls are managed in line with the LAS NHS 111 Adastra Failure Standard Operating Procedure

Specific Procedure

1. All Call records will be entered into Adastra as soon as practicably possible and in all cases within 48 hours of the time of the call.

2. In the event of an Adastra failure lasting longer than 48 hours the call records will be entered into Adastra soon as practicably possible

3. Retention and Disposal: It is the responsibility of the 111 Centre Operations Manager to ensure that:

   - 111 Manual call documentation forms are stored chronologically on site in a secure filing cabinet
   - Forms are stored for 25 years and are reviewed after 25 years and securely destroyed if no longer required