

Creating and Retrieving Clinical Records Procedure

Ref CORP-0026-004-v1

Status: Approved

Document type: Procedure

Overarching policy: [Records Management Policy](#)

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1 Purpose

The care records held on both Paris and in the supplementary paper record are a complete status of the patient's treatment and care, past, present and current. It should hold a complete picture of the decisions made, risk and treatment plans identified and views from all involved people including the patient.

This procedure ensures that records are created in a uniform manner so that they can easily be retrieved and their structure enables the quick and relevant review of information so that clinically safe and effective decisions can be made.

2 Related documents

Paris Procedures
 Information Governance Framework
 Information Governance Policy
 Records procedures

3 Procedure

3.1 Step-by-step instructions for setting up a paper case note folder

Step	Who	Task
1.	IAA – Administrators	<p>Upon receipt of a referral, follow the Paris procedure for creating a record in Paris. This procedure is vital so that duplicate records are not created on the electronic system</p> <p>If the patient is new to Paris a search should still be undertaken to find out if any paper records are in existence. This can be done by:</p> <ul style="list-style-type: none"> Referring to legacy lookup in the IIC for older systems not now used Contact medical records via the generic email tewv.archiverequests@nhs.net who will search all other storage facilities

2.	IAA – Administrators	When it is certain that no paper record exists consider which type of case note folder is required: <ul style="list-style-type: none"> • Supplementary case note folder – Patient accepted into service, and a number of paper based letters and assessments are expected to be needed over time. • Green Envelope – Not very much paper based information will be generated.
3.	IAA - Administrators	Contact tewv.archiverequests@nhs.net if stocks of case note folders or Green envelope are required.
4.	IAA - Administrators	Set up the case note folder following the Trust standard filing structure within the case note folder: <ul style="list-style-type: none"> • Clinical Documentation (not on Paris) • Temporary Clinical Notes (typically used for times when Paris might be off line or other occasions when the electronic patient record cannot be accessed but a record needs to be made. Records made in this section should always be transferred to Paris as soon as possible. • Mental Health Act and Consent • Test Results including Mount sheets • External Correspondence
5.	IAA - Administrators	<ul style="list-style-type: none"> • Record written details on the front cover only where indicated. Both corner sections need to be completed together with a start date. Volume numbers should be written on the folder. • Patient information other than that allowed for should not be printed on the front of the folder • Folders should not be reused. • For deceased persons their date of death should be recorded on the front of the file.
6	Compliance and Records staff	Provide guidance on the use of case note folders and hold supplies of folders for distribution across the Trust.

3.2 Step-by-step instructions for retrieval of records

Step	Who	Task
1.	Clinical or administrative staff	Identify the need to retrieve records and establish 'need to know' for records retrieval
2.	IAA - Administrators	Interrogate Paris to identify the last person to be in contact with patient. Teams must conduct their own thorough searches prior to contacting Medical Records. This may involve using break glass functionality. Choose appropriate option depending upon reason for retrieving records (audit reason would be indirect care but patient re referred would be direct care)

3.	IAA - Administrators	If previous owner cannot be located contact tewv.archiverequests@nhs.net who will conduct a wider search on your behalf following their standard processes.
4.	IAA - Administrators	Regardless of whether you are receiving or lending records should be tracked and traced throughout their journey so that their status and location can always be identified.
5.	IAA - Administrators	Upon receipt of records always complete and return the acknowledgement form. Telephone the lender when you receive records so that they can close their records tracing system to show your receipt. You can now open a log to show the records being located in the receiving department
6.	All involved staff	Records should be transported by following the mailing procedure. Plastic mailer envelopes should be used and are available to order from Cardea (medium WYO2771 and large WHH225). The yellow confidential record labels are for internal use only All records sent using external post should be sent by recorded delivery

4 Document control

Date of approval:	13 November 2019	
Next review date:	27 April 2024	
This document replaces:	CORP-0027-v6 Creating and retrieving records procedure	
Lead:	Name	Title
	Andrea Shotton	Information Risk, Policy and Records Standards Manager
Members of working party:	Name	Title
	Jane Peacock	Patient Systems Administrator
	Theresa Parks	Information Governance Manager
	Julie Corner	Personal Information Requests Supervisor
	Records Archive Team	
This document has been agreed and accepted by: (Director)	Name	Title
	Patrick McGahon	Director of Finance and Information
This document was approved by:	Name of committee/group	Date
	Digital Transformation and Safety Board	13 November 2019
An equality analysis was completed on this document on:	11 October 2019	
Amendment details:	<p>13 Nov 2019: Full revision with minor amendments. Reference number amended to reflect that this procedure 'sits under' the Records Management Policy</p> <p>12 April 2021 – Review date extended to 13 May 2023</p> <p>27 April 2023- review date extended to 27 April 2024</p>	

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Information Department			
Name of responsible person and job title	Andrea Shotton – Information Risk, Policy and Records Standards Manager			
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Theresa Parks – Information Governance Manager Julie Corner - Personal Information Requests Supervisor			
Policy (document/service) name				
Is the area being assessed a...	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>
	Procedure/Guidance	<input type="checkbox"/>	X	Code of practice
	Other – Please state			
Geographical area covered	Trust-wide			
Aims and objectives	To ensure that records are created in a uniform manner so that they easily be retrieved and their structure enables the quick and relevant review of information so that clinically safe and effective decisions can be made.			
Start date of Equality Analysis Screening	04 September 2019			
End date of Equality Analysis Screening	11 October 2019			

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
All patients					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No
<p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe any positive impacts/s</p> <p>The procedure impacts positively on patients as it ensures that information relating to their diagnoses and care are recorded and available when needed.</p>					

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	<p>Yes</p>	<p>X</p>	<p>No</p>	
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 	<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) 			
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p>Yes – Please describe the engagement and involvement that has taken place</p>				
<p>This procedure when developed underwent full trust-wide consultation, as did the overarching policy. Trust staff comprise all protected characteristics.</p>				
<p>No – Please describe future plans that you may have to engage and involve people from different groups</p>				
Empty space for 'No' response				

5. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	No	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: You the Policy owner/manager: Type name: Andrea Shotton					Date: 10/11/19
Your reporting (line) manager: Type name: Lorraine Sellers					Date: 10/11/19
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046					