

Appendix 3

Information Governance Standards 3.2 : Patient Records

IG Reference	Standard	Level ½	Comments
5.001	The Board has an approved patient records policy, which includes storage to accommodate health records etc.	<p>There is a dated, documented organisation-wide Health Records Policy approved by the Board, or its delegated Committee. This has been written/reviewed within the last three years. The relevant staff are aware of the Policy and there is evidence of implementation.</p> <p>There is a Health Records Action Plan which is being formulated to identify prioritised activity to support the implementation of the Health Records Policy. The relevant staff will be aware of the Action Plan and there will be evidence of implementation.</p>	<p>Health Records Policy</p> <p>&</p> <p>Health Records Retention & Destruction Policy</p>
5.002	There is a clearly identified, suitably qualified and supported lead individual responsible for patient records.	<p>There is a manager with professional accountability for the Health Records service whose job description is consistent with the aims and objectives of the service.</p> <p>Board level responsibility for Health Records management is clearly defined and there are clear lines of professional accountability for Health Records management and systems throughout the organization.</p> <p>Health Records services are managed by a qualified person. Postholder subject to Annual Appraisal and has Personal Development Plan.</p>	<p>Divisional Health Records Manager and Divisional General Managers, Health and Social Care Partnership</p>

IG Reference	Standard	Level ½	Comments
5.003	The Board has a Patient Records Committee, which makes decisions on policy matters and which includes representation from clinical and non-clinical staff and is linked appropriately to other Information Governance groups.	<p>There is a designated body (i.e. Health Records Committee or equivalent), with documented terms of reference. Minutes of meetings are kept.</p> <p>The designated body has multi disciplinary representation. This includes representatives from the various groups that make entries in the Health Records, (e.g. clinical professionals), as well as representatives of the administrative staff that deal with records (e.g. managers and operational staff)</p>	Information Governance Group
5.004	The Board ensures that the environment and office storage areas complies with all current, relevant Health and Safety legislation and fire regulations	<p>Health Records storage areas and associated office conform to all current relevant legislation and guidance regarding health and safety including the Health and Safety at Work Act 1974, Workplace (Health, Safety & Welfare) Regulations 1992, Health & Safety (First Aid) Regulations 1981, Health & Safety (Display Screen Equipment) regulations 1992, Manual Handling Operations Regulations 1992 and Fire Regulations</p> <p>Regular risk assessments are undertaken, in line with the organisation's Risk Management Strategy for all staff and areas within the Health Records service.</p>	
5.005	The Board has mechanisms in place to ensure that all Health Records managers and staff receive training in Health Records.	All personnel working within the Health Records service have an induction training programme provided on appointment to the organisation.	

IG Reference	Standard	Level ½	Comments
5.006	All scanned documents meet legal admissibility standards prior to the destruction of the paper record.	There are dated, documented procedures for the management of electronic records and for safeguarding data held on computer systems by the organisation. These have been written/reviewed within the last 3 years. The relevant staff are aware of the procedures and there is evidence of implementation	Local MR procedures
5.007	The Board ensures that the Community Health Index (CHI) number is used on all communications concerning individual patients, including requests, reports and letters.	The organisation uses the CHI number as a patient identifier.	Local MR procedures