

# Acute Training Solutions

## Record keeping guide

### Principles of good record keeping

1	Handwriting should be legible.
2	All entries to records should be signed. In the case of written records, the person's name and job title should be printed alongside the first entry.
3	In line with local policy, you should put the date and time on all records. This should be in real time and chronological order, and be as close to the actual time as possible.
4	Your records should be accurate and recorded in such a way that the meaning is clear.
5	Records should be factual and not include unnecessary abbreviations, jargon, meaningless phrases or irrelevant speculation.
6	You should use your professional judgement to decide what is relevant and what should be recorded.
7	You should record details of any assessments and reviews undertaken, and provide clear evidence of the arrangements you have made for future and ongoing care. This should also include details of information given about care and treatment.
8	Records should identify any risks or problems that have arisen and show the action taken to deal with them.
9	You have a duty to communicate fully and effectively with your colleagues, ensuring that they have all the information they need about the people in your care.
10	You must not alter or destroy any records without being authorised to do so.
11	In the unlikely event that you need to alter your own or another healthcare professional's records, you must give your name and job title, and sign and date the original documentation. You should make sure that the alterations you make, and the original record, are clear and auditable.
12	Where appropriate, the person in your care, or their carer, should be involved in the record keeping process.
13	The language that you use should be easily understood by the people in your care.
14	Records should be readable when photocopied or scanned.
15	You should not use coded expressions of sarcasm or humorous abbreviations to describe the people in your care.
16	You should not falsify records.

## Confidentiality

17	You need to be fully aware of the legal requirements and guidance regarding confidentiality, and ensure your practice is in line with national and local policies.
18	You should be aware of the rules governing confidentiality in respect of the supply and use of data for secondary purposes.
19	You should not discuss the people in your care in places where you might be overheard. Nor should you leave records, either on paper or on computer screens, where they might be seen by unauthorised staff or members of the public.
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21	You should not take or keep photographs of any person, or their family, that are not clinically relevant.

## Access

22	People in your care should be told that information on their health records may be seen by other people or agencies involved in their care.
23	People in your care have a right to ask to see their own health records. You should be aware of your local policy and be able to explain it to the person.
24	People in your care have the right to ask for their information to be withheld from you or other health professionals. You must respect that right unless withholding such information would cause serious harm to that person or others.
25	If you have any problems relating to access or record keeping, such as missing records or problems accessing records, and you cannot sort out the problem yourself, you should report the matter to someone in authority. You should keep a record that you have done so.
26	You should not access the records of any person, or their family, to find out personal information that is not relevant to their care.

## Disclosure

27	Information that can identify a person in your care must not be used or disclosed for purposes other than healthcare without the individual's explicit consent. However, you can release this information if the law requires it, or where there is a wider public interest.
28	Under common law, you are allowed to disclose information if it will help to prevent, detect, investigate or punish serious crime or if it will prevent abuse or serious harm to others.



**Information systems.**

<b>29</b>	You should be aware of, and know how to use, the information systems and tools that are available to you in your practice.
<b>30</b>	Smartcards or passwords to access information systems must not be shared. Similarly, do not leave systems open to access when you have finished using them.
<b>31</b>	You should take reasonable measures to check that your organisation’s systems for recording and storing information, whether by computer, email, fax or any other electronic means, are secure. You should ensure you use the system appropriately, particularly in relation to confidentiality.

**Personal and professional knowledge and skills**

<b>32</b>	You have a duty to keep up to date with, and adhere to, relevant legislation, case law, and national and local policies relating to information and record keeping.
<b>33</b>	You should be aware of, and develop, your ability to communicate effectively within teams. The way you record information and communicate is crucial. Other people will rely on your records at key communication points, especially during handover, referral and in shared care.
<b>34</b>	By auditing records and acting on the results, you can assess the standard of the record keeping and communications. This will allow you to identify any areas where improvements might be made.