CL6 – The service implements and monitors systems to manage clinical records.

a. Legislation and guidance together govern the storage, accessibility, retention, sharing and destruction of clinical records. Policies and processes for the management of patient data should be based on current best practice and reflect statutory requirements and professional guidance. Staff should be aware of their data protection responsibilities and supporting processes, as well as the risks associated with cyber-security. Staff should be informed of any changes in policy or processes.

b. Robust systems must be in place to ensure that the confidentiality of patient data is maintained. These should cover: the visibility of patient records; how confidential information is communicated to patients and/or carers; and the sharing of data with other services or organisations to include outsourced services such as teleradiology. Staff should be supported to minimise breaches of patient confidentiality inside and outside the service.

c. Robust systems must be in place to ensure that clinical records are stored in a secure environment which takes account of potential risks such as access of systems by unauthorised users, contamination by cyber viruses, theft, flooding, fire and failure of air conditioning systems. Back-up policies and procedures should be in place to support digital storage of images and imaging reports. Picture archiving and communication systems (PACS) and other systems should include robust technical solutions and contractual safeguards to ensure that data remains accessible over the entire retention period specified for each type of clinical record. In the case of large volume data sets (for example, CT scans), a compression algorithm may be applied to reduce the size of the stored file: in such cases, checks should be in place to ensure images stored remain clinically useful and compression algorithms adhere to current best practice. In addition, if the PACS provider is changed it must be ensured there will be safe transfer of images and information to the new storage system.

d. Systems should be in place to check retention schedules and ensure the secure destruction of records no longer required. The recommended minimum retention schedule varies depending on the nature of the record; for example, general records, children and young people, maternity, mental health, mammography, clinical trials, and oncology records all have different requirements. Where digital storage capacity allows, it is considered best practice for image data to be retained for the same duration as the report and request data.

e. Systems should be in place to ensure that patient records are transmitted and transported securely. This should include outsourced services such as teleradiology. Records on removable data media, such as CDs, should be encrypted (encryption is mandatory for data produced within the NHS, with limited exceptions).

f. Data-sharing agreements supported by robust systems should be in place to ensure that security and confidentiality are maintained when data are shared between organisations. This is particularly important where teleradiology is used. The service should have robust processes to ensure that a receiving organisation practises data security and confidentiality at least to the level of the transmitting service.

g. Robust systems should be in place to control and audit access to patient data. Access records should be inspected regularly and frequently, and unauthorised access investigated.

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