Management of Physical Health Records

Final Internal Audit Report

May 2023

Swansea Bay University Health Board

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Executive Summary

Purpose

Review of the arrangements and processes for the management and storage of physical records, focussing on the management of the acute record.

Overview

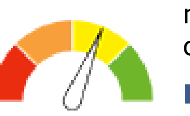
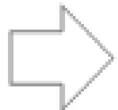
We have issued reasonable assurance on this area.

Risks associated with the unavailability of records were identified and improvement actions undertaken. These freed up space within hospital storage areas and enabled tracking of records across the health board. Records are securely held and transported within the health board, although as a key issue we note a lack of fire suppression within the storage areas.

The key management action identified is:

- Ensuring the lack of fire suppression risk is appropriately managed.
- Ensuring that the boxes and envelopes used to transport files are securely sealed.

Report Opinion

Reasonable		Trend
Reasonable 	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.	 2018/19

Assurance summary[1]

	Objectives	Assurance
1	Appropriate policies, procedures and guidelines are in place for records management.	Substantial
2	Storage facilities ensure that records are protected.	Reasonable
3	Physical records are transported and tracked appropriately.	Reasonable
4	The identified improvement actions have been enacted.	Substantial
5	A governance structure is in place with regular reporting and monitoring.	Reasonable

Key Matters Arising

	Key Matters Arising	Objective	Control Design or Operation	Recommendation Priority
1	Lack of fire Suppression	2,5	Operation	High
2	Secure transport of health records	3	Operation	Medium

1. Introduction

1.1 The Information Commissioners Office (ICO) Records Management Code of Practice 2021 (Section 46) provides guidance to public authorities (and any other organisations whose administrative and departmental records are subject to the Public Records Act) on their obligations in relation to good records management, including keeping, managing and destroying records. Following the code of practice will help Swansea Bay University Health Board (the health board or organisation) to comply with the legislation.

1.2 The health board had previously acknowledged that there were weaknesses in the management of records and had identified improvement actions to address the issues.

1.3 The ambition of the health board is to move from paper patient records to digital and it is continuously introducing new digital ways of creating and managing elements of the record. However, the underlying paper record is still considered the primary record for the patient currently.

1.4 The potential risks considered in the review are as follows:

- Records are not securely stored, resulting in confidential information being lost, stolen and inappropriately accessed, leading to reputational damage and financial penalties.
- Records are not readily available / of appropriate quality, impacting on patient care.

2. Detailed Audit Findings

2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	-	-	-
Operating Effectiveness	1	1	-	2
Total	1	1	-	2

2.1 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in Appendix A.

Objective 1: Appropriate policies, procedures and guidelines are in place for records management, that cover the full lifecycle and ensure standardisation of processes and content.

2.2 There are a number of policies and procedures in place and available for the management of health records. The Records Management Policy (Reference Number: GC02a) provides guidelines for health board staff dealing with corporate, non-clinical and clinical records to ensure records are maintained, managed and controlled effectively. The list of policies includes:

- Records Management Policy;
- Health Records Storage and Security Policy;
- IG Framework 2020-2022;
- Information Governance Policy;
- Information Security Policy; and
- Health Records Tracking Policy.

2.3 The policies in place are all in date and define the full lifecycle of the health record and cover record creation, content, storage, retrieval, and destruction.

2.4 The policies are underpinned by a number of procedural documents in the Health Records Department, which are available to all staff. These procedures cover key operational areas such record tracking, how to resolve duplicate records and how to use the Intelligent Filing and Inventory Tracking Solution (iFIT) with Radio Frequency Identification (RFID) for health records tracking.

2.5 The content and standardisation of clinical records is the responsibility of the clinic/ward using the record. We note that Health Records staff are responsible for the retrieval, preparation and provision of case notes to the wards/clinics, and that notes delivered to these areas are provided in good condition with information/clinical documents fully intact/secure.

2.6 As part of our testing several files were reviewed. All files were in good state, accessible and the content was correct and relevant to the patient.

2.7 We note that if files are returned with clinical documents and information loose or not secured properly within the record, they are returned to the originating department or ward for rectification and a Datix issue is raised for the clinic/ward to complete. We were informed that this has greatly reduced the number of records being returned which need intervention by the Health Records Department.

Conclusion:

2.8 There are established policies and procedures in place available to staff, which cover the record lifecycle. A sample of files reviewed were found to be in a good state, accessible , and with the contents correct and relevant to the patient. We also note that processes are in place to ensure that documentation is kept secure. Accordingly, we have provided **substantial assurance** for this objective.

Objective 2: Storage facilities ensure that records are protected from unauthorised access, destruction or theft, and from accidental damage from environmental hazards.

2.9 The Health Records Storage and Security Policy outlines expected practice for the movement of health records around the department and within hospitals. Staff are encouraged to read and adhere to this document, as the aim of this policy is to ensure that all staff who handle and manage medical records recognise and accept personal responsibility for ensuring that all patient health records, both paper and electronic, are stored in safe and secure environments at all times.

2.10 There are currently more than 2.3 million physical records stored across the health board's Health Records Departments. These records are held at three locations, within Neath Port Talbot, Morriston and Singleton hospitals. Secure off-site storage areas are also used, such as Unit 32, Llangennech Transmedia and the Maltings in Cardiff.

2.11 The additional off-site storage has been required due to the lack of storage resulting from the moratorium on destruction associated with the Infected Blood Inquiry. Off-site storage is used to store records which have not been requested for over five years or for deceased patients and there is an ongoing process of moving records to these sites as records fall into this category.

2.12 Access to records storage areas is restricted and controlled via a digital keypad door lock or security fobs. In addition, the Health Records Department at Morriston is located in a separate building to the main hospital, with any non-departmental staff being required to sign in/out.

2.13 We were informed by the Health Records Department that there is CCTV coverage across most of the Morriston site, which is monitored at a central hub in Morriston. There is limited CCTV across Singleton and Neath Port Talbot (NPT) Hospitals, which feedback to central hubs in Morriston and NPT Hospitals respectively.

2.14 The storage areas are environmentally secure, with air conditioning and fire detection systems in place, but no sprinkler system. Medical record libraries are regularly risk assessed for fire, and the Fire Safety Manager is aware of the lack of fire suppression. However, it is not held on the departmental risk register as we were informed by the Fire Safety Manager that, due to the age and types of the buildings, there is no requirement to have fire suppression installed. We were also advised that it would require a major renovation project at significant cost to install this. However, a risk remains in relation to the potential loss of records due to a fire.

2.15 We note that the health board is currently developing an Estates Strategy, following the recent 6-facet and compartmentation (including wider compliance with the Firecode) surveys that have been undertaken across its sites. The fire risks within Health Records should be appropriately considered and addressed within this process. **Matter Arising 1**.

2.16 A minor incident occurred at Morriston in December 2022, where a water leak damaged approximately fifty records. Some of the records had minor water damage to the folder, and the leak was quickly rectified by Estates.

2.17 There is a structured approach to archiving records, including the off-site locations noted above. We note that there is no destruction of records at present, but this is subject to change once the outcome of the Infected Blood Inquiry is concluded. The health board's approach to destroy records would be to apply an agreed and predefined procedure to ensure compliance with regulations.

Conclusion:

2.18 Records are stored in dedicated areas with appropriate controls in place to prevent unauthorised access. Air conditioning and fire detection systems are in place, and although we note previous water ingress, this issue was rectified quickly. Additional off-site storage areas have been secured due to the destruction moratorium, and there is a structured approach to archiving records. However, the lack of fire suppression in the records storage areas leads to a risk of the loss of records. Accordingly, we have provided **reasonable assurance** over this objective.

Objective 3: Physical records are transported and tracked appropriately and are readily available for staff to access.

2.19 There are two mechanisms for tracking records within the health board, through the Welsh Patient Administration System (WPAS) & using iFIT. WPAS is the tracking functionality primarily used in Mental Health and iFIT is used to track paper records for acute patients. The iFIT System recognises the patient's NHS, district and hospital numbers with which patients are registered on WPAS.

2.20 We note on average, that 10% of the health board's health records are in active circulation at any time. This equates to around 20,000 files which need to be tracked. The use of the RFID and iFit tracking systems means the health board is able to track the location of records across a number of locations within the hospitals.

2.21 The iFIT system operates by embedding a Radio Frequency Identification *(*RFID) tag within each record. Sensors located throughout the hospitals can track the movement of the record, thus greatly reducing the potential of losing or misplacing records.

2.22 As part of our testing, we reviewed a random sample of patient records and confirmed that the location of the file matched that held within the tracking system.

2.23 There is a process in place for locating unavailable or missing records. These are recorded on a "missing gun" and the library and outlying areas are scanned. This gun can recognise bar code labels through filing fixtures, in filing cabinets and in piles of notes that could be held by the ward, secretary or clinics.

2.24 As part of this process, the Health Records Team also contact the department, service, or individual that the notes were last tracked to. In the event that a patient

has, their appointment delayed or cancelled, as the temporary folder is insufficient for the patient to be treated, and then a Datix incident would be raised.

2.25 We also observed the use of the system for locating misfiled records within the department. Using the RFID scanner, it took approximately 30 seconds to scan a rack and locate a misfiled record.

2.26 We further note a weekly process to identify and correctly file any misfiled records. The record libraries are scanned on a weekly basis, and any misfiled records located and refiled. This helps ensure that records can be retrieved promptly for clinics.

2.27 There are continuity arrangements in place to deal with the loss of power, with business continuity devices at each of the three major hospital sites. These devices provide backup power for approximately an hour. Whilst the business continuity workstation does not provide the full functionality of the iFIT iRecords solution, it will identify the last tracked location for each health record to be able to support operations until the full solution is restored. The data residing on the business continuity workstation is synchronised with the iFIT iRecords database at regular intervals (every hour) to generate a unique record for each health record volume stored in the system.

2.28 In the event of a failure in the synchronisation process, an email is issued to email addresses notifying the recipients of any problems encountered during this process. The system then provides a continuity report, which includes the last known position of a patient's files.

2.29 Records are transported between sites using couriers, with appropriate contracts and Service Level Agreements in place. The main couriers for the transport of records are Just Wales, the Welsh Ambulance Services NHS Trust (WAST) and Health Courier Service Wales (HCSW). An additional courier service called Priority Express is used to confidentially deliver copies of patients records requested through the Subject Access Department.

2.30 Records are transported in 'blue boxes, however the lids are only sealed with sellotape currently.

2.31 The Health Records Service also provides a 24/7 on-call service outside of normal working hours, and in these cases a contracted taxi company would be booked through the switchboard. When taxis are used, records are transported in sealed envelopes with "confidential" written across the seal. We note that the use of taxis is very rare due to the limited number of requests that are received outside of normal working hours.

2.32 Whilst contracts contain confidentiality clauses and NHS staff are bound by NHS Policies, the use of removable seals while transporting records may lead to a risk of unauthorised access or loss of records, in particular when using taxi companies. **Matter Arising 2.**

2.33 We note that there are ongoing discussions within the health board for sourcing additional resources from HCSW, which should remove the need for external courier services.

2.34 Tracking a set of health records is the responsibility of all staff who handle or receive them. All health records should be returned at the earliest opportunity so that the record is available for other departments. The iFIT system is able to keep track of the record and recall it from the clinic/ward if it is requested elsewhere.

2.35 Prior to the roll out of RFID in November 2019, there were acknowledged issues with the availability of patient records including a large number of complaints and instances where patient treatments were cancelled due to notes not being available. Since implementation of the iFIT system, the incidence of unavailable records is low.

2.36 We note that case notes are not always available for clinic or emergency for a number of reasons, for example, the request has come through at short notice, notes are in transit from other hospital sites or emergency bookings/admissions. Temporary case notes are created in these instances and are delivered to the relevant ward or department for amalgamation once the main records are located.

Conclusion:

2.37 There are processes in place to enable the tracking of records and we note that these have improved following the introduction of the iFIT solution. Temporary records are created in the event of the unavailability of the main record and "lost" records are formally reported. Transportation of health records is provided by Just Wales and HCSW in the main. However, we note that records are transported in boxes with lids with removable seals. Accordingly, we have provided **reasonable assurance** over this objective.

Objective 4: The identified improvement actions have been enacted and have improved the management of records.

2.38 The risk associated with a lack of storage space impacting on record availability was identified within the health board risk register, and a treatment plan was developed and enacted.

2.39 The main action points included the provision of the off-site storage for unused records and the introduction of the RFID based tracking system. These actions have improved the tracking and availability of the acute health record.

2.40 We were informed that prior to the introduction of RFID in 2018 there were approximately 5% of appointments cancelled as a result of records not being available on the day. This has now dropped to 1%, with Health Records operating on 99% provision of records for appointments.

2.41 The ambition of the health board is to move from paper patient records to digital and are continuously introducing new digital ways of creating and managing elements of the record. However, the underlying paper record is still considered the primary record for the patient currently. Furthermore, the embargo on record destruction imposed by Welsh Government in response to the ongoing Blood Inquiry has meant that the health board has not destroyed any paper copies of

records since 2018. This situation has caused storage pressures with a significant amount of space being used on the three hospital sites to store paper records.

2.42 Work continues to improve the acute records management process. We note that whilst the provision of health records to the onsite clinical services will require some hospital site space until paper records are no longer required, many records held in the existing libraries could be moved offsite, thus freeing up valuable space that could be repurposed for clinical use. There is consideration of moving to a centralised offsite unit with office accommodation and a business case to this effect has been developed. We further note that the additional space would also allow for scanning capabilities to be piloted and a separate business case is being written alongside the centralised off-site unit business case.

2.43 In addition to centralising health records, work is ongoing to increase the functionality of the electronic record to document patient care. The Outpatient paper lite project initially focused on 2-3 specialties. There are now plans in place for an incremental role out, to all Outpatient specialties, with the electronic record being viewed by clinicians within the Welsh Clinical Portal.

Conclusion.

2.44 The risks associated with health records were identified by the health board and improvement actions developed and implemented which have improved tracking and availability. There is a stated intent to further improve arrangements, with centralised storage being examined and increased use of digital and electronic solutions, which will obviate the need for paper. Accordingly, we have provided **substantial assurance** over this objective.

Objective 5: A governance structure is in place with regular reporting and monitoring of plan delivery, with clear oversight arrangements to support escalation of risks and issues.

2.45 Health Records sits within Digital Services and as such, there are clear lines of accountability. Management and staff are experienced in the management of records and IG training compliance was 94% at the time of the audit.

2.46 There is an appropriate risk management process in place with a risk register which is subject to regular review. The Health Records Department attends the Digital Services Risk Management Group. This meets on a monthly basis to review, manage and provide progress updates on the risks held on the Digital Services Risk Register, and risks that have also been escalated onto the Health Board Risk Register (HBRR). The risks that have been raised include the reliance on a paper record and lack of an electronic record, and retention periods. Although we have noted above the absence of the fire safety risk being captured due to the lack of a suppression system. **Matter Arising 1**.

2.47 The Health Records Department also report into the Information Governance Group, with regular updates on ongoing work provided, alongside updates on records management issues and incidents.

2.48 We note that there were 176 Health Records related incidents between April 2022 and January 2023. Incidents raised on Datix are investigated and actioned in a timely manner and feed into the reporting to the Information Governance Group.

Conclusion.

2.49 There is a defined governance structure for health records, with reporting to the Information Governance Group. Risks are identified and management appropriately, accordingly we have provided **reasonable assurance** over this objective.

Appendix A: Management Action Plan

<table>
<tr><th colspan="3">Matter Arising 1: Lack of fire Suppression (Operation)</th><th>Impact</th></tr>
<tr><td colspan="3">Physical health records are stored across the health board's Health Records Departments, held at three locations within Neath Port Talbot, Morriston and Singleton hospitals.

Records storage areas do not have fire suppression (sprinklers) in place. Medical record libraries are regularly risk assessed for fire, and the Fire Safety Manager is aware of the lack of fire suppression. However, it is not held on the departmental risk register as we were informed that, due to the age and types of the buildings, there is no requirement to have fire suppression installed. We were also advised that it would require a major renovation project at significant cost to install this.

We note that the health board is currently developing an Estates Strategy, following the recent 6-facet and compartmentation (including wider compliance with the Firecode) surveys that have been undertaken across its sites. The fire risks within Health Records should be appropriately considered and addressed within this process.</td><td>Potential risk of:

• Loss of patient records.</td></tr>
<tr><th colspan="3">Recommendations</th><th>Priority</th></tr>
<tr><td>1.1

1.2</td><td colspan="2">The safety of patient records should be considered as part of the development of the Estates Strategy.

The fire risk to patient records should be included within the departmental risk register, with appropriate mitigation defined and any residual risk being clearly accepted.</td><td>High</td></tr>
<tr><th colspan="2">Agreed Management Action</th><th>Target Date</th><th>Responsible Officer</th></tr>
<tr><td>1.1</td><td>The Health Board's Estates Strategy is currently being developed and will include consideration of the fire risks within Health Records. Further, a separate fire condition survey looking at risk assessment and fire compartmentation will consider these issues in detail.</td><td>31/7/23</td><td>Assistant Director of Estates</td></tr>
</table>

1.2	A risk will be developed and taken to the next Digital Services Risk Management Meeting, for escalation onto the Digital Services Risk Register.	20/5/23	Head of Health Records & Clinical Coding

Matter Arising 2: Secure transport of health records (Operation)			Impact
Records are transported in 'blue boxes; however the lids are only sealed with cello tape currently. We understand that staff sometimes cut themselves on the cable ties that were used previously. Whilst contracts contain confidentiality clauses and NHS staff, (HCSW) and the Taxi companies are bound by NHS Policies, the use of removable seals while transporting records may lead to a risk of unauthorised access or loss of records, in particular when using taxis to transport records.			Potential risk of: • Breach of patient confidentiality.
Recommendations			**Priority**
2.	~~Crates~~ Boxes and envelopes containing health records should be securely sealed while being transported, using tamper proof tape, or locked cages for bulk transport.		**Medium**
Agreed Management Action		**Target Date**	**Responsible Officer**
2	Undertake an assessment of the options available to us and a paper will be submitted to the Information Governance Group IGG for consideration	June 23	Head of Health Records & Clinical Coding

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

Assurance level	Description
Substantial assurance	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
Reasonable assurance	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
Limited assurance	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
No assurance	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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