

Health Records Migration

Final Internal Audit Report

2025/26

Swansea Bay University Health Board



Reasonable Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

SBU-2526-18

19 December 2025 – 10 March 2026

11 May 2026

May 2026

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Executive Summary

Purpose

To review the implementation and success of the records move to ensure that it has improved the management of health records and lessons learned for future projects.

Overview

Prior to the migration, the Health Board held over 2.3 million physical health records across three hospital sites, Neath Port Talbot, Morriston and Singleton, with additional reliance on secure off-site storage facilities including Unit 32, Llangennech Transmedia and the Maltings in Cardiff. Increasing pressure on estates capacity, alongside the need to release hospital space for clinical use, led to a request for the Health Records service to vacate occupied premises, particularly at Morriston Hospital. As a result, the requirement to relocate and centralise health records originated as a time-critical operational request, rather than as a formally defined project at the outset.

The Health Board subsequently progressed a major programme of work to centralise the management and storage of health records into a single, purpose-designed facility at Ty Samlet. The new facility now provides dedicated and consolidated storage for current and active records, as well as office accommodation for Health Records, Subject Access and Clinical Coding teams. The move has also enabled the release of significant space back to acute sites for wider estate repurposing.

We have concluded **reasonable** assurance on this review. Evidence demonstrates that appropriate governance, planning and delivery arrangements were in place and operated effectively, supporting the transition to the centralised operating model and strong ongoing service performance. However, the overall level of assurance is moderated by the extent to which outcomes, benefits and learning have been formally consolidated following implementation. While benefits have been realised in practice, they were not formally brought together through a structured post-implementation review and lessons-learned exercise, which had been anticipated approximately six months after migration. The absence of this review limits the extent to which outcomes, benefits and organisational learning can currently be fully evidenced.

The matter requiring management attention include:

1. A formal post-implementation review has not yet been undertaken to consolidate delivery outcomes, benefits realised (including additional benefits that have emerged following implementation), and learning from this major operational change.

Full details of the matter arising are set out within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- A review of all procedures in place should be considered to ensure that they are reflective of current arrangements and new location.

Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	The project has completed all its objectives, and revised processes for management of health records are in place.	-	Substantial
2	The migration project has improved the management of health records and delivered the anticipated benefits, which are being tracked appropriately.	1	Reasonable
3	A post project review has been undertaken with lessons learned identified and shared.	1	Limited

Management Actions



High Priority



Medium Priority

Themes



■ Lessons Learnt

Risk Types

Financial Loss

Quality or Safety Issues

Public Perception & Reputational Risk

Legal & Regulatory Non-Compliance

Findings & Agreed Action Plan

Objective 1: The project has completed all its objectives, and revised processes for management of health records are in place.

Substantial

The Health Board undertook a significant programme of work to centralise Health Records, Subject Access and Clinical Coding services into a single, purpose-designed facility at Ty Samlet. The strategic case for change was clearly articulated in the Business Case, which set out defined objectives including releasing acute hospital space, reducing reliance on multiple storage locations, strengthening records-management governance and improving efficiency through co-location. The Business Case was formally reviewed and supported at the Business Case Assurance Group (BCAG) on 30 January 2024 and was subsequently approved by the Management Board at its meeting on 13 March 2024.

We note the core objectives of the relocation were achieved. Approximately half a million records were transferred from three hospital sites and two off-site stores, supported by new racking, labelling and security arrangements. Ty Samlet opened for business-as-usual operations on 20 January 2025, and Internal Audit's site visit on 26 January 2026 confirmed that the facility is operating as the central hub for records activity, with strengthened workflows and improved environmental conditions.

Project governance arrangements were in place and operated throughout delivery. A Project Board was established with defined terms of reference, supported by consistent agendas, recorded actions and a maintained risk log. Progress and key decisions were overseen through regular Project Board meetings, and delivery activity was supported by planning artefacts including milestone tracking, staff consultation and relocation planning, procurement activity and coordination of building acquisition and refurbishment works. Project closure was formally discussed and agreed at the April 2025 Project Board meeting, chaired by the Director of Digital. Although formal minutes were not retained due to meeting recordings being routinely deleted, the available action notes confirm that closure was approved with key senior stakeholders in attendance. This highlights an opportunity to further strengthen governance documentation retention for projects of this scale but does not detract from the effectiveness of governance arrangements in practice.

The project was delivered through a pragmatic project-management approach rather than a single, formal methodology. Governance and delivery controls were in place and operated effectively, supported by a range of planning, monitoring and oversight artefacts used throughout the programme lifecycle. These included milestone tracking, risk management, procurement documentation, staff consultation materials and Project Board oversight. Previous Internal Audit work, including the Benefits Realisation audit (SBU-2425-19), which concluded Substantial assurance, has demonstrated that the Health Board has established project-management structures and processes that support effective planning, monitoring and oversight. In this case, those principles were applied proportionately to support successful delivery, without full formalisation of all documentation typically associated with more prescriptive project management approaches. The relocation was delivered successfully and managed by a suitably qualified project manager, with delivery controls sufficient to meet the objectives of the programme.

Our discussions with management noted that the core operational model has not changed, with staff continuing to undertake the same activities as prior to the move, albeit from a centralised location. As part of our work, we reviewed available operational guidance and noted that some documentation has been updated, in part following audit enquires, with the majority of guidance remaining service-wide rather than Ty Samlet-specific, reflecting the consistency of underlying processes following centralisation. However, a wider review of operational guidance would provide additional clarity and assurance that documentation remains current, complete and aligned to the consolidated service model.

No matters arising were identified for this objective.

Objective 2: The migration project has improved the management of health records and delivered the anticipated benefits, which are being tracked appropriately.

Reasonable

The centralisation of Health Records, Subject Access and Clinical Coding functions into Ty Samlet was intended to deliver a number of operational and strategic benefits. These included consolidating previously fragmented record-keeping functions; improving workflow efficiency; enhancing retrieval accuracy and timeliness; strengthening environmental controls; reducing reliance on multiple hospital-site libraries and off-site storage facilities; supporting a more resilient staffing model; and enabling clearer operational data to inform future planning.

Evidence from our site visit on 26 January 2026, together with Project Board updates and operational performance information, confirmed improved workflow standardisation, more efficient prepping processes, enhanced storage conditions and stronger integration between teams. Retrieval performance is high and stable, with fulfilment rates consistently exceeding 98–99% across elective, emergency and outpatient activity, demonstrating reliable service delivery under the centralised model.

These operational improvements are supported by routine performance information, which is produced and reviewed through established Digital governance forums following migration.

While the Health Board has an established Benefits Realisation Framework as noted under Objective 1, the approach taken for this programme prioritised delivery and operational outcomes rather than the formal tracking of benefits. As a result, benefits were realised in practice but were not documented through a structured benefits register or monitoring mechanism. There remains an opportunity to undertake a post-implementation review to consolidate outcomes achieved, reflect on benefits realised, and capture learning while the programme remains relatively recent. This is reflected in **Finding 1 under Objective 3**.

The project reached operational completion during 2025, and closure was formally agreed at the April 2025 Project Board meeting chaired by the Director of Digital. Action notes confirm that closure was proposed and approved by senior attendees, demonstrating that operational completion and transition to business-as-usual were considered through an appropriate governance forum and that the programme delivered its intended change.






A post-implementation review and lessons-learned exercise had been anticipated to take place approximately six months following migration, to allow the service sufficient time to bed in and stabilise under the new operating model. However, this review has not yet been undertaken. As a result, a consolidated assessment of delivery outcomes, benefits realised, risks, issues and learning has not been formally completed.

While discussions with senior management highlighted that additional operational benefits have emerged following implementation, these have not been formally reviewed, evidenced or embedded. The absence of a post-implementation review therefore limits assurance that outcomes, benefits and learning arising from this programme have been systematically captured to be used to inform future programmes of a similar scale (**See Key Finding 1**).

Key Findings	Risk & Impact	Agreed Management Action
<p>1 No Post-Implementation Review or Lessons Learned</p> <p>A structured post-implementation review and lessons-learned exercise has not yet been undertaken. A review had been anticipated approximately six months after migration to allow the service time to bed in under the new operating model; however, this has not occurred to date. As a result, a consolidated evaluation of delivery outcomes, benefits realised, risks, issues and learning has not been formally completed.</p> <p>While the programme has been delivered successfully and is operating effectively, the continued absence of a post-implementation review limits the Health Board’s ability to formally evidence benefits achieved (including additional benefits that have emerged following implementation) and to capture organisational learning from a programme of this scale. Given the time elapsed since go-live, completing a proportionate post-implementation review is now considered a priority to strengthen assurance and inform future programmes.</p> <p>Theme: Lessons Learnt</p>	<ul style="list-style-type: none"> • No organisational learning captured for future major programmes. • Risk of repeating avoidable issues in future centralisation projects. • Lack of evidence that risks, issues or outcomes were evaluated following implementation. <p style="text-align: center;">High Priority</p> <p>Control Operation</p>	<p>Agreed Action:</p> <p>Management should undertake a proportionate post-implementation review of the Ty Samlet centralisation while the programme remains relatively recent. The review should focus on consolidating delivery outcomes, reflecting on benefits realised (including any additional benefits that have emerged since implementation), and capturing key learning to inform and strengthen future programmes of a similar scale.</p> <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • A completed post-implementation review or lessons-learned summary for the Ty Samlet centralisation, documenting delivery outcomes, benefits realised (including any additional benefits identified), and key learning. • Evidence that the review has been considered through appropriate governance routes. <p>Officer: Head of Health Records and Clinical Coding</p> <p>Target Implementation Date: 30 September 2026</p>

Appendix A: Assurance Opinion & Prioritisation of Findings

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	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 Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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