

Records Management (non-acute health)

Final Internal Audit Report

November 2024

Swansea Bay University Health Board



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Contents

Executive Summary 3

1. Introduction..... 4

2. Detailed Audit Findings 4

Appendix A: Management Action Plan..... 11

Appendix B: Assurance opinion and action plan risk rating 21

Review reference:	SBU-2425-19
Report status:	Final
Fieldwork commencement:	2 nd August 2024
Fieldwork completion:	4 th October 2024
Debrief meeting:	21 st October 2024
Draft report issued:	16 th October 2024
Management response received:	11 th November 2024
Final report issued:	11 th November 2024
Auditors:	Osian Lloyd, Head of Internal Audit; Martyn Lewis Senior IT audit Manager; Kevin Bridgman IT Audit manager
Executive sign-off:	Matt John Director of Digital
Distribution:	Gareth Westlake, Digital Service Business Manager; Jennifer Nagle, Head of Health Records & Clinical Coding; Paul Coode, Business Support Manager: Cefn Coed Hospital; Jayne Beer, Business Support Manager: Mental Health; Ricky Morgan, Assistant Head of Operations, Mental Health & Learning Disabilities Service Group; Robert Workman, Deputy Head of Occupational Therapy; Branwen Cobley, Deputy Medical HR Manager; Carolyn Hodder, Medical HR Manager Operational; Natalie Phillips, Principle Clinical Scientist Singleton Hospital; Catherine Davies, Deputy Head of District Nursing
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit & Risk Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Swansea Bay University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Swansea Bay University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

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

Overview

We have issued **limited assurance** on this area.

There is guidance in place for the management of the acute health record, and although these contain general guidance, the applicability to non-acute and corporate records is not fully recognised by staff. There is no overall records management process which has led to records being stored in numerous locations, both within the health board and with external providers. In some cases, there is no formal contract with the external providers.

Staff understand the need for good quality records, and the records themselves are well maintained. Records are tracked as they move, however they are transferred in unsealed containers, and we note that some departments are holding records longer than the stated time.

The matters requiring management action are:

- Developing a wider suite of guidance for all records.
- Ensuring appropriate security and storage for records.
- Rationalising storage locations and ensuring records are stored with the most appropriate, contracted provider.
- Ensuring records are transported in sealed containers.
- Ensuring records are appropriately disposed of once in accordance with retention periods.

Report Opinion

		Trend
Limited Assurance	More significant matters require management attention.	None
	Moderate impact on residual risk exposure until resolved	

Assurance summary¹

Objectives	Assurance
1 Appropriate policies, procedures and guidelines are in place.	Limited
2 Storage facilities ensure that records are protected.	Limited
3 Processes are in place to ensure the reliability of records.	Substantial
4 Physical records are transported and tracked appropriately.	Reasonable
5 Records are appropriately archived, destroyed or disposed.	Limited

Key Matters Arising		Objective	Control Design or Operation	Recommendation Priority
1	Records Management Guidance	1	Design	Medium
2	Storage and Security	2	Operation	Medium
3	Storage locations	2	Operation	High
4	Transportation of Records	4	Operation	High
5	Record Retention	5	Operation	High

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 the Health Board to comply with the legislation
- 1.2 Non acute records include health records such as for Mental Health and Community Services, and operational and management records which are key to the organisation such as Workforce and Finance. These all may contain confidential, personal and commercially sensitive information and so should be subject to the appropriate protections.
- 1.3 The risks considered as part of this audit were poor records management arrangements leading to:
- Inappropriate access to confidential information;
 - Inaccessibility of records impacts on patient care;
 - Inefficient processes lead to increased costs; and
 - Exposure to financial loss and reputational damage.

2. Detailed Audit Findings

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

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	1	-	1
Operating Effectiveness	3	2	-	5
Total	3	3	-	6

- 2.2 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.

- 2.3 Swansea Bay University Health Board (the health board or organisation) has produced records management guidance for health records in the form of the Health Records Policy, the Health Records Storage and Security Policy and the Health Records Tracking Policy. We note that these contain general guidance and set out the framework for managing health records, including security and record keeping, although they are more directly applicable to acute health record. We also note that the health board guidance does not contain information over all aspects, such as record retention and destruction process.
- 2.4 The three areas reviewed: Mental Health, Community Services (Occupational Therapy (O.T.), Paediatric Audiology, Locality District Nurses (LDN)), and Workforce and Organisational Development (WOD) acknowledged that these overarching policies existed, however, due to these being more directly relevant to the acute health record, and the lack of more detailed guidance to enhance the policies, departments have sourced and are following guidance from other organisations. This includes guidance and procedures from other Health Boards, professional body guidance and the Records Management Code of Practice. See **Matter Arising 1**

Conclusion:

- 2.5 The health board has records management policies in place. These specifically relate to the acute health record, although they contain general guidance and principles that apply to other record types. However, we note that the lack of guidance for non-acute and corporate records has led departments to source more detailed procedures from other organisations, which also include guidance on the retention and destruction of records. Accordingly, we have provided **Limited 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.

- 2.6 We note that there is limited coordination of record management storage within the health board apart from the acute health record. As such, each department has needed to make its own arrangements. This has resulted in records being stored in a number of locations, both within the health board and with external providers:

Mental Health

- Cefn Coed – a health board site used as a long-term storage for both archived and live records for Mental Health.
- Tonna – a health board site with a building used to store both archived and live records with the archived records being periodically moved to Cefn Coed.
- Central Clinic – a health board site use to store live records.

Occupational Therapy

- Unit 22 – a health board site on an industrial park used for storage of archived records which is shared with other departments such as I.T., Primary Care, Community and Therapy groups.

Paediatrics Audiology

- Singleton Hospital – storage of live records within filing cabinets
- Central Clinic (Swansea) – storage of previous academic years records.

Locality District Nursing

- Resource Centre in Port Talbot – health board site used for live records
- Community hospitals – health board sites keep live records
- Maltings – private company offsite storage, used to store archived records.

Workforce and Organisational Development

- Health Board headquarters – used to store active records.
- Singleton Hospital – used to store both archived and live records.
- Transmedia - private company offsite storage, used to store archived records.
- Britania Robins - private company offsite storage, used to store archived records.

2.7 In general, security over records storage was appropriate, however we have noted issues at some locations: **Matter Arising 2.**

- At the LDN unit within the Resource Centre, the TDSi doors leading to public clinic areas were disabled, and medical records for the day's clinics were left in unattended, open rooms.
- Unit 22, used by Occupational Therapy for offsite record storage, is a shared space with other health board departments. Records in this unit are not segregated, allowing all departments to access them.
- Workforce and Organisational Development (WOD) stores records in unlocked cabinets in offices that are not continually occupied.

2.8 We also noted that records were, in general stored in suitable locations with protection from the environment e.g. water and fire. We did note some exceptions: **Matter Arising 2.**

- At the Tonna Mental Health Unit, the building used for archiving records showed clear signs of neglect. Water damage and vegetation growth were visible around the door frame, and fire safety was compromised due to storage boxes obstructing smoke detection points.
- At Unit 22, used by Occupational Therapy, patient records were found to have sustained water damage, caused by a broken skylight located directly above the storage racks.

- 2.9 The health board utilises Transmedia for external record storage from multiple departments, including workforce. However, our review noted that the only contract in place with Transmedia is for the storage of Pathology materials. Despite this we note that multiple departments are sending records to transmedia for off-site storage. This has meant that spend with the company is more than double than the contracted value, which may leave the health board open to legal challenge. We also note that the lack of a formal contract for storage other than Pathology items introduces uncertainty regarding Transmedia's responsibilities in managing personal records, raising potential GDPR compliance concerns. **Matter Arising 3**
- 2.10 In addition, WOD also use Britania Robbins for storage of hardware such as desks and also some records. This arrangement was established some time ago and has been subject to repeated renewal via a single tender action.
- 2.11 Due to the lack of coordinated management for storage of records, as noted above, there are a number of external providers holding health board records. The costs vary between the providers as such the health board may not be sourcing the best value storage. **Matter Arising 3**

Conclusion:

- 2.12 There is a lack of a coordinated approach to storage of records within the health board. This has led to records being stored in a large number of locations, both within the health board and with external providers. The majority of storage areas are secure and provide a protected environment for storage of records, although we have noted some issues with security and environmental protection. The lack of coordination in the use of third-party providers has led to costs varying and a lack of contractual protection over the storage of records. Accordingly, we have provided **Limited Assurance** for this objective

Objective 3: Processes are in place to ensure the reliability of records within each location.

- 2.13 Our review found that staff across all locations were aware of the general records management requirements and the importance of maintaining record quality. A review of records at Cefn Coed, Tonna, and Swansea Central Clinic showed that the documentation was well organised, with materials properly filed in their relevant sections. The folders were in good condition, with no loose pages. Overall, the Mental Health records at these sites were deemed to be in satisfactory condition
- 2.14 Our review confirmed that Occupational Therapy records, though smaller in size, were well-organised and stored in plastic pockets, also in good condition. The documents were either loose or clipped together when necessary, and a clear front sheet produced by the O.T. department, displaying patient information was used for quick reference. At the Community Nurse Resource Centre in Neath Port Talbot (NPT), records for the District Locality Community Nurse Unit were provided by the four GP practices housed within the Resource Centre. When stored within the department, the records were well-maintained, and staff were knowledgeable about the relevant record management policies. However, the records stored in the GP practices themselves were not tested.

- 2.15 The record-keeping system for the School Entry Hearing Service in Paediatric Audiology at Singleton differs from that of the joint audiology clinics. While joint clinics manage audiology patients with permanent hearing loss who require medical input from community paediatrics, the School Entry Service files are more concise and organised by local education authority rather than by individual patient. These records, stored in lever-arch files, are kept only for the current school year and are significantly smaller in scope.
- 2.16 We also reviewed Workforce records and note that the records were well-maintained, with a consistent approach to filing. A front sheet was used to ensure uniformity and completeness.

Conclusion:

- 2.17 A range of records was selected for detailed inspection across all areas, all of which were found to be in good condition, securely bound, and free from loose documents. Although there were minor differences in presentation with some departments using a front sheet for contents while others did not, each record was correctly filed and organised. Regardless of format, the records were consistently reliable and easily accessible. Accordingly, we have provided **Substantial Assurance** for this objective

Objective 4: Physical records are transported and tracked appropriately and are readily available for staff to access.

- 2.18 We reviewed the processes for transportation of records, both between health board sites and third-party storage facilities. Although, as noted above there is no general records guidance in place, the Health Records Storage and Security Policy states a requirement that patient records “*must always be transferred in secure containers, trolleys or sealed envelopes which are clearly marked with the intended recipient*”, and that “*Records must be transported between departments or hospitals by authorised staff employed by the Health Board or approved Taxi/Courier Companies*”.
- 2.19 Our review of the transportation of records across the areas selected noted that records are being sent via internal mail, within private vehicles and in unsealed containers. As such the transportation of records may not meet the requirement of the Health Records Storage and Security Policy and good practice. **Matter Arising 4**
- 2.20 There are processes in place to track records for each of the areas as they are being transported. Workforce records are recorded and tracked on a ‘local’ spreadsheet on a shared network drive, before being relocated to external storage, whereas Mental Health and Community records are tracked via the WPAS system. In contrast, the health board’s medical records make use of the Intelligent Filing and Inventory Tracking (iFIT) solution, which utilises Radio Frequency Identification (RFID) for tracking health records.
- 2.21 Each department is aware of what records are being held at each of their sites. Although we noted an exception within the Occupational Therapy Department. The department moved a large volume of files to the Unit 22 site in 2019 from a number

of locations. However, no records were kept to confirm which files were relocated, though there is evidence that some dated back to 2010. Since 2019, the Occupational Therapy Department has maintained the records of an additional 11,000 files stored in the unit, but they are unable to provide a total count or identify all the records housed there.

- 2.22 At the time of the audit, there was a low reported incidence of missing files, with only Cefn Coed demonstrating that they had submitted a Datix report for a missing file. During our discussions, staff at all locations confirmed their awareness of the process and the importance of reporting any missing files through Datix

Conclusion:

- 2.23 Departments are aware of the records held within each of their locations, although we noted an exception relating to a large volume of older Occupational Therapy records, and there are processes in place to track the records in transit. Records are often transported in unsealed containers and through a variety of methods, including via the internal mail system, individual cars and by third party storage providers. Accordingly, we have provided **Reasonable Assurance** for this objective.

Objective 5: Records are archived, destroyed or disposed of in accordance with the appropriate retention schedule.

- 2.24 In Wales, the retention of records is governed by NHS Wales guidelines, in line with the UK's Records Management Code of Practice for Health and Social Care. Retention periods vary based on the type of record, and each must be kept for a designated period before secure destruction is permitted. Both physical and electronic health records are subject to these retention requirements. Currently the retention periods are:
- Adult health records: These are typically retained for 10 years after the last entry in the record.
 - Children's health records: These are kept until the patient's 25th birthday or 26th birthday if the patient was 17 at the end of treatment.
 - Mental health records: These are retained for 20 years after the last contact with mental health services or 10 years after the patient's death, whichever is sooner.
- 2.25 Each area reviewed has access to the documentation referenced above. However, there is no health board guidance in place that sets out its retention schedules and processes to ensure secure destruction of records. As such, as noted previously departments are using guidance documentation issued by Hywel Dda University Health Board.
- 2.26 During the review, it became evident that some departments are retaining records beyond the designated retention periods, partly due to the lack of health board guidance. The Occupational Therapy Department, has not destroyed any records since 2019 and continues to retain records dating back to 2010. Similarly, the Workforce and Organisational Development (WOD) team has also refrained from

destroying records. The retention of records past defined removal dates may result in a breach of the GDPR requirements and exacerbates storage pressures. **Matter Arising 5**

- 2.27 The lack of a unified health board record management process has left departments to handle record destruction independently, with different methods used including disposal via confidential waste or by shredding prior to disposal. We note however that none of the destruction methods enables tracking of records to destruction and that records of what is destroyed are not kept. **Matter Arising 5**

Conclusion:

- 2.28 Although there is national guidance for the retention of records, there is no health board guidance in place which clearly states the retention periods for the various types records and the methods for destruction. There are some departments who have not removed older records, as such records are being held beyond their stated time which may result in a breach of GDPR and increases the pressures related to storage. Accordingly, we have provided a **Limited Assurance** for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Records Management Guidance (Design)		Impact	
Swansea Bay University Health Board has produced records management guidance for Health Records in the form of the Health Records Policy, the Health Records Storage and Security Policy and the Health Records Tracking Policy. We note that these contain general guidance and set out the framework for managing health records and include security and record keeping, although they are more directly applicable to the acute health record. We also note that the health board guidance does not contain information over all aspects, such as record retention and destruction process. The three areas reviewed—Mental Health, Community Services (Occupational Therapy (O.T.), Paediatric Audiology, Locality District Nurses (LDN)), and Workforce and Organisational Development (WOD) acknowledged that the overarching policies existed, however, due to these being more directly relevant to the acute health record, and the lack of more detailed guidance to enhance the policies departments have sourced and are following guidance from other organisations. This includes guidance and procedures from other Health Boards, professional body guidance and the Records Management Code of Practice.		Potential risk of: Inappropriate records management.	
Recommendations		Priority	
1.1	The guidance in place for records management should be expanded to include the non acute health record and corporate records. With enhanced detail over the full records lifecycle.	Medium	
Agreed Management Action		Target Date	Responsible Officer
1.1	All the Acute Health Records Policies are currently under review, and will be updated and expanded to include the management and governance of non-acute and corporate records also. Enhanced detail will also be included over the full records lifecycle.	31/03/2025	Head of Health Records & Clinical Coding

Matter Arising 2: Storage and Security (Operation)			Impact
We noted a number of issues relating to the storage and security of records: • The additional storage area at Tonna showed signs of neglect. Water damage and vegetation growth were evident around the door frame, and fire safety was compromised as storage boxes blocked smoke detection points. These conditions may result in a risk to the preservation of records. • The TDSi doors leading to clinic areas within the Resource Centre used by the public were disabled with medical records for the day’s clinics left in unattended open rooms. Although the majority of records not in use were stored in locked filing cabinets the area could be accessed by unauthorised individuals. • Documents are stored in unsealed boxes at the Maltings site. • The off-site storage used by OT is shared with other health board departments, including IT, and access is controlled by a key and alarm system. However, we note that records are not segregated with all departments able to access all records on site. There is fire protection in place, however there was evidence of water damage to patient records due to a broken skylight above the storage racks. • Workforce hold around 1,000 medical staff records stored in unlocked filing cabinets within the headquarters, however most staff work remotely, with only occasional presence in the office. As such there is a risk of unauthorised access to the records when the office is unoccupied.			Potential risk of: • Inappropriate access to records • Loss of records
Recommendations			Priority
2.1	The security and protection of records within the noted sites should be improved.		Medium
Agreed Management Action		Target Date	Responsible Officer
2.1	Occupational Therapy: This storage unit is not owned or managed by the Occupational Therapy service with any environmental issues being reported to the Estates Team for action. All SBUHB staff who access the building must adhere to professional conduct, data security and GDPR requirements. As such, accessing notes without a valid reason can result in disciplinary action. Access to the building is complex and secure, with keys being signed out/in when used so access can be tracked. Also,	Monitored monthly Leadership Forum on 13 November 2024	Deputy Head of Occupational Therapy

there are CCTV cameras in place for added security. All staff complete Information Governance training on an annual basis. This is mandatory and monitored through regular performance management systems. There is currently work being completed within SBUHB regarding a review of the use of Unit 22 and consideration of moving records to an alternative storage space. Actions: • Monitor and maintain compliance with Information Governance training of all staff. • This concern will be discussed at the next Occupational Therapy Leadership Forum for dissemination to all staff through departmental governance structures. WOD: It is very rare for the office to not have a presence during office hours, as not all of the team work remotely. The door to the office leads to a fire exit, so no lock can be fitted. However, only NHS staff would be able to access the office unaccompanied, as there is a security guard and a keypad locked door which leads to the ground floor, where the office is based. Locality District Nursing: • Port Talbot Resource Centre is a multi-occupancy/use building. The recommendation is to add 2 x digital locks to the door. Plexus are doing a site visit 30.10.24 to undertake a formal quote. • Procurement and IG are identifying suitable types of seals that can be used to secure the boxes. IG have advised that no boxes sent from the HB to the Maltings for archiving are sealed. The solution needs to be Health Board wide. Mental Health: Calls have been logged with and reference numbers for these received from SBUHB Estates Department that are responsible for the Tonna Hospital site. The call numbers are the back door frame (731559), vegetation issues (731560). The back door repair has been resolved by Estates colleagues. Vegetation issues	1 January 2025 1 January 2025 30 November 2024	Deputy Head of District Nursing Deputy Head of District Nursing Assistant Head of Operations, Mental Health & Learning Disabilities Service Group
--	---	--

	to be resolved in November 2024. Storage issues and box placement to be investigated by Operations Team and Estates regarding fire safety issues, also in November 2024.		
--	--	--	--

Matter Arising 3: External Storage (Operation)			Impact
Due to the lack of coordinated management for storage of records, as noted above there are a number of external providers holding health board records. The costs vary between the providers as such the health board may not be sourcing the best value storage. The health board utilises Transmedia for external record storage from multiple departments, including Workforce. However, our review noted that the only contract in place with Transmedia is for the storage of Pathology materials. Despite this we note that multiple departments are sending records to transmedia for off-site storage. This has meant that spend with the company is more than double than the contracted value, which may leave the health board open to legal challenge. We also note that the lack of a formal contract for storage other than Pathology items introduces uncertainty regarding Transmedia’s responsibilities in managing personal records, raising potential GDPR compliance concerns.			Potential risk of: • Mishandling or loss of records
Recommendations			Priority
3.1	A review of the storage of records should be undertaken in order to establish the full health board need and to identify the most suitable locations for storage of records which should take into account the needs once appropriate disposal of records as noted in MA5 has been undertaken.	3.2	High
3.2	The arrangements for storage of records other than Pathology at Transmedia should be formalised with a contract or agreement that clearly states the requirements and responsibilities for records storage.		
Agreed Management Action		Target Date	Responsible Officer
3.1	A Multi-Disciplinary Project Group will be established following the centralisation of the acute health records service to Ty Samlet, which will be completed by the 1/4/25. The project group will review the Health Board’ wide storage requirements and will encompass all the associated security/retention and disposal of records aspects highlighted within the audit report.	31 May 2025	Head of Health Records & Clinical Coding

3.2	A contract/agreement will be developed to formalise the storage of all other records stored at Transmedia which clearly defines the requirements and responsibilities for storage of all records if SBHB continues to store records within this third-party storage facility	30 June 2025	Head of Health Records & Clinical Coding
-----	--	--------------	--

Matter Arising 4: Transportation of Records (Operation)			Impact
Our review of the transportation of records for all of the areas noted that records are being sent via internal mail, within private vehicles and in unsealed containers. As such the transportation of records may not meet the requirement of the Health Records Storage and Security Policy and good practice.			Potential risk of: Inappropriate access to records
Recommendations			Priority
4.1	Guidance on the transportation of records should be provided which extends beyond the acute health record.		Medium
4.2	All departments should ensure that records are only transported in sealed containers and by appropriate members of staff.		High
Agreed Management Action		Target Date	Responsible Officer
4.1	All the Acute Health Records Policies are currently under review, and will be updated and expanded to include the management and governance of non-acute and corporate records also. Enhanced detail will also be included over the full records lifecycle.	31 March 2025	Head of Health Records & Clinical Coding
4.2	Occupational Therapy: Transportation of patient notes is minimal as records are not taken on community visits and are never shared through internal mail. A number of services have implemented digital recording systems & those that use medical notes will include Occupational Therapy records within the main patient record on discharge from the service. Lack of digital patient record systems and records have been escalated as a risk for Therapies & Audiology. If records need to be transferred between sites on transfer of duty of care, this is either done through inclusion in the main patient record or scanned and emailed securely to the receiving therapist. When notes are transferred to Unit 22 for archive storage, this is completed by members of the occupational therapy team who do not leave the notes unattended at any time. Notes are boxed securely and clearly marked with date & service to enable efficient retrieval & destruction when required. In	Leadership forum on 13 November 2024	Deputy Head of Occupational Therapist

	addition, the storage and transport of patient records is a criterion included in the departmental audit of Record Keeping, designed against the RCOT (Royal College of Occupational Therapists) Record Keeping standards. This is completed annually across the whole Occupational Therapy service, with results included in appropriate governance and performance meetings and reports. As above Action: This concern will be discussed at the next Occupational Therapy Leadership Forum for dissemination to all staff through departmental governance structures. WOD: A guidance document can be drafted for use by medical HR team for the transportation of their records. It is extremely rare for transmedia to transport files (approx. 3 since our archives were moved there) with immediate effect we will ensure these are transported in a sealed container and collected by a Medical HR team member. Mental Health: Face to face meeting with staff to be held to discuss guidance on transportation of records. Email policies to all following meeting. Records are transported in either sealed boxes or sealed envelopes (grey bags) by the appropriately trained members of staff. An information sheet outlining the process will also be constructed and put into place across the Service Group before the end of Quarter 3 24/25 to ensure the process is effective and always followed.	1st December 2024 Completed 31st December 2024	Deputy Medical HR Manager Business Support Manager, Mental Health Business Support Manager, Mental Health
--	--	--	--

Matter Arising 5: Record Retention (Operation)			Impact
During the review, it became evident that some departments are retaining records beyond the designated retention periods partly due to the lack of health board guidance. The Occupational Therapy department has not destroyed any records since 2019 and continues to retain records dating back to 2010. Similarly, the Workforce and Organisational Development (WOD) team has also refrained from destroying records. The retention of records past defined removal dates may result in a breach of the GDPR requirements and exacerbates storage pressures.			Potential risk of: Breach of GDPR
Recommendations			Priority
5.1	Guidance in relation to the retention and appropriate destruction of records should be provided.		High
5.2	All departments should be reminded of the need to destroy records appropriately in accordance with retention periods.		
Agreed Management Action		Target Date	Responsible Officer
5.1	The Head of Health Records & Clinical Coding will re-publish the intranet communication that was disseminated across the Health Board in May 2024 which provides guidance on the Destruction of Records in line with the new Records Management Code of Practice for Health and Social Care 2022. Occupational Therapy: Occupational Therapy service leads are familiar with the 'Records Management Code of Practice for Health and Social Care' document published by Welsh Government in 2022. Archive notes are clearly marked so that destruction date can be easily identified. Due to the large number of notes that now require destruction following the recent lifting of the embargo on destruction due to the Infected Blood Inquiry, the Occupational Therapy service is awaiting a decision on a corporate approach to destruction by SBUHB.	15 November 2024	Head of Health Records & Clinical Coding
		Leadership forum on 13 November 2024	Deputy Head of Occupational Therapist

5.2	Action: These concerns will be discussed at the next Occupational Therapy Leadership Forum for dissemination to all staff through departmental governance structures WOD: Medical Workforce queried specifically the records they hold in relation to the Blood Inquiry embargo and in-line with the guidance we received at the time in relation to the destruction of Medical & Dental personnel files ceased. If following further guidance from our information governance team, we are able to revert back to our previous system then Medical HR will destroy records in line with the guidance.	1 st December 2024	Deputy Medical HR Manager
	A Multi-Disciplinary Project Group will be set up, as detailed in 3.1 to review the destruction programme across all SBUHB record services.	29 February 2025	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:

	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.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

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