



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 April 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Response to Internal Audit Records Management Review
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations (Huw Thomas, Director of Finance)
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Rees, Deputy Director of Operations (Anthony Tracey, Digital Director)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report responds to the Records Management Briefing Paper submitted to the Audit & Risk Assurance Committee by Internal Audit in February 2022 and outlines plans and associated progress made in tackling long-standing and escalating health records service pressures at the Health Board.

The report also offers a broader perspective than is strictly covered by the Internal Audit report recommendations, which is provided for contextual completeness around the project to provide a digital scanned health record operating platform in the future.

The Committee is asked to receive the report, note the progress made to date and the general direction of travel being taken along with key actions and dates.

Cefndir / Background

An internal audit of records management was undertaken in 2018/19, with a follow-up review of records management completed in line with the 2020/21 internal audit plan.

The objective of the audit was to evaluate and determine the adequacy of the systems and controls in place for the management of records, in order to provide assurance to the Audit & Risk Assurance Committee that risks material to the achievement of system objectives were managed appropriately. Areas assessed included storage facilities, retention and destruction of records, security arrangements, training, availability and implementation of policies.

The conclusion of the initial review was a Limited Assurance rating. The audit identified a total of 10 recommendations requiring attention, broken down into 4 high priority and 6 medium priority recommendations. Following implementation of agreed actions, completed by the identified leads, a total of 5 recommendations remain unresolved.

Asesiad / Assessment

The following provides an up to date assessment and progress statement against each recommendation. There are a total of 2 high priority and 3 medium priority recommendations.

Recommendation 1 (medium priority)

Responsibility: Corporate Office

Lead: Head of Corporate Office

Management should ensure the Corporate Records Management Strategy and Policy are submitted to the Business Planning & Performance Assurance Committee for approval.

Progress: A Corporate Records Management Policy has been reviewed and was presented at the December 2021 Information Governance Sub Committee (IGSC) meeting for approval. The Digital Director confirmed that there will be a requirement to develop an overarching Health Board Records Management Strategy, with a view to completion by mid 2022.

Proposal: Close

Recommendation 2 (high priority)

Responsibility: Operations

Lead: Deputy Director of Operations

We would recommend that management review current (health records) storage arrangements to establish whether they continue to be fit for purpose, whilst consideration should be given in the progression of other solutions for example, scanning of documents, to reduce the amount of manual health records retained by the Health Board.

Progress: Significant progress can be evidenced against this recommendation. The highlights are as follows:

Having direct impact on the recommendation

- Recruitment of an internal project manager to oversee the proposal to move from paper records to a digital scanned format.
- Acquisition of a new storage and scanning processing centre at Dafen, Llanelli. This facility will provide the necessary additional storage capacity to fully satisfy all current health records storage issues and address fire safety or health & safety concerns arising at the Llangennech store.
- Following a framework procurement, 227,500 patient records (circa 20% of the total records held) have been removed from main storage facilities and have been distributed to three scanning service provider partners. Our partners will process these records into digital scanned images over the next 6 months. This has effectively created capacity equivalent to 8 years of new storage. This gain is considered more than sufficient to close the recommendation within the Internal Audit report.

Having associated impact on the recommendation

- Alongside the appointment of three scanning provider partners, the Digital team has procured an electronic document record management system (EDRMS) which will provide a paperless platform to enable access to scanned records in the future. Whilst the product has been acquired, commissioning and enabling is expected take 6 months to complete.
- Progress has been made in moving toward the avoidance of producing paper in the health record in the first place and existing provisions available through the Welsh Patient Administration System (WPAS) and the Welsh Clinical Portal (WCP) are being applied wherever possible to achieve this. Outpatient letters is one such example that is being worked on presently.

- The establishment of a scanning bureau to resolve the main acute health record challenges has created an opportunity to broaden its application and concentrate all associated health records to include physiotherapy, podiatry, community, maternity, child health into a scanned medium and hence move away from potentially unnecessary third party storage.
- The tender for scanner acquisition will be completed within the next 2 months and full implementation is expected by November 2022 – when the EDRMS and internet connections to the scanning bureau are activated. All actions are in line with the ultimate goal of becoming as paper-free and digital as possible.

Proposal: Close

Recommendation 3 (medium priority)

Responsibility: Operations

Lead: Deputy Director of Operations

Management should ensure that the services and functions holding patient records locally are reminded of their requirement to comply with the Retention & Destruction Policy.

Progress: Embargos of health records imposed by the UK Government remain active and are expected to continue for at least another 12-18 months. This will continue to significantly impact on the Health Board's ability to destroy records and restricts both opportunities and internal processes to deal with records retention periods. Working in conjunction with the identified Information Asset Owners (IAOs) for each service, the Information Governance team has developed agreed Information Asset Registers that are reported, reviewed and approved by IGSC on a bi-monthly basis. As part of the process, each service is expected to identify each record type they retain and comply with the agreed destruction schedules confirmed to support appropriate records management decisions. Welsh Government will soon be implementing a nationally agreed NHS Wales Records Management Code of Practice, which will standardise retention periods across Wales and support the work already noted above. As this will be national policy, there will be an expectation that all Health Boards will comply fully with the identified destruction timescales. Whilst the two destruction embargos remain active and outside our control, processes to ensure regular review of information assets and records management within services will remain an important feature.

Work Remaining

- 1) Develop a proposal for unifying all patient records management accountabilities under one executive lead (May 2022).
- 2) Following on from (1) relocation of records to Llangennech and Unit 3 Dafen ahead of scanning (November 2022, subject to review - dependent on freeing up space and notice periods for present arrangements).

Proposal: Remain open

Recommendation 4 (high priority)

Responsibility: Digital team

Lead: Director of Operations (sic) (Digital Director)

Management should review the current arrangements in place with third party storage providers to establish whether they meet required Health Board standards.

Management should establish what information is stored with the third party storage providers and that the retention and destruction of information is being undertaken in line with the Welsh Government arrangements.

Progress: The Information Governance (IG) team has implemented an audit programme which will review all corporate and third party storage facilities utilised by the Health Board. The audit programme will form part of the IG annual work plan. The reviews will ensure identification of the various record types stored at the localities, confirm contractual arrangements, the security arrangements that may be in operation, the compliance levels from a governance perspective and also provide the opportunity to identify any new risks. To date, reviews have been completed at Lloyd & Pawlett Storage, Pembrokeshire and Logic Document Storage, Llanelli. All reviews are reported back to IGSC on a bi-monthly basis and the report confirms the risk rating at the time of the review, the recommendations which require action by the third party providers and the risk rating following completion of the recommendations. Any risk deemed of a high nature will be placed on the IGSC risk register and managed accordingly. Work will be ongoing for the next 12 months with regular updates provided to IGSC until all recommendations have been completed. The resolution of this recommendation will be significantly supported by the implementation of the new storage and scanning facility at Dafen. This facility will provide the required storage capacity to allow records to be removed from costly third party providers and returned to the control and governance of the Health Board ahead of conversion into scanned format. Notice has already been served to one provider and relocation of a percentage of records will begin in April 2022. Further relocations will take place, with completion by March 2023.

This recommendation is allocated to the Director of Operations in the Internal Audit report, whereas the work to date has been outside of this Director and team's purview. Consideration of re-alignment to executive portfolios is recommended.

Work Remaining

- 1) Complete the review of all corporate and third party storage providers and determine relevant actions (Completion date to be confirmed as soon as possible by Information Governance Team).

Proposal: Remain open

Recommendation 5 (medium priority)

Responsibility: Operations

Lead: Health Records Manager

Management should establish refresher sessions to ensure existing staff receive records management training.

Progress: Whilst previously confirming that ad hoc records management training had been provided to various staff groups including health records, ward clerks, secretaries, it has been challenging to progress training any further, due to limited resource flexibility within service teams to release staff, along with the impact of COVID-19. Training was discussed at the most recent Health Records Management Advisory Group (HRMAG) and remains a key agenda item. Further discussions are planned around developing records management training; however, operational demands have remained high, limiting progress on this front. Discussions at the January 2022 IGSC meeting confirmed that this matter was now visible at a national level and training, in the form of an e-learning module, is expected to be available later in the year, with an update by June 2022. The Health Board's Information Governance Manager has confirmed that additional slides/information in regards corporate records management will be included within the IG training package. Work will commence within the next few months and should be ready for inclusion in the training package by September 2022. As the scanning and digitisation project progresses and records are returned to Health Board control, refresher training can be designed and delivered to the necessary staff groups and service teams.

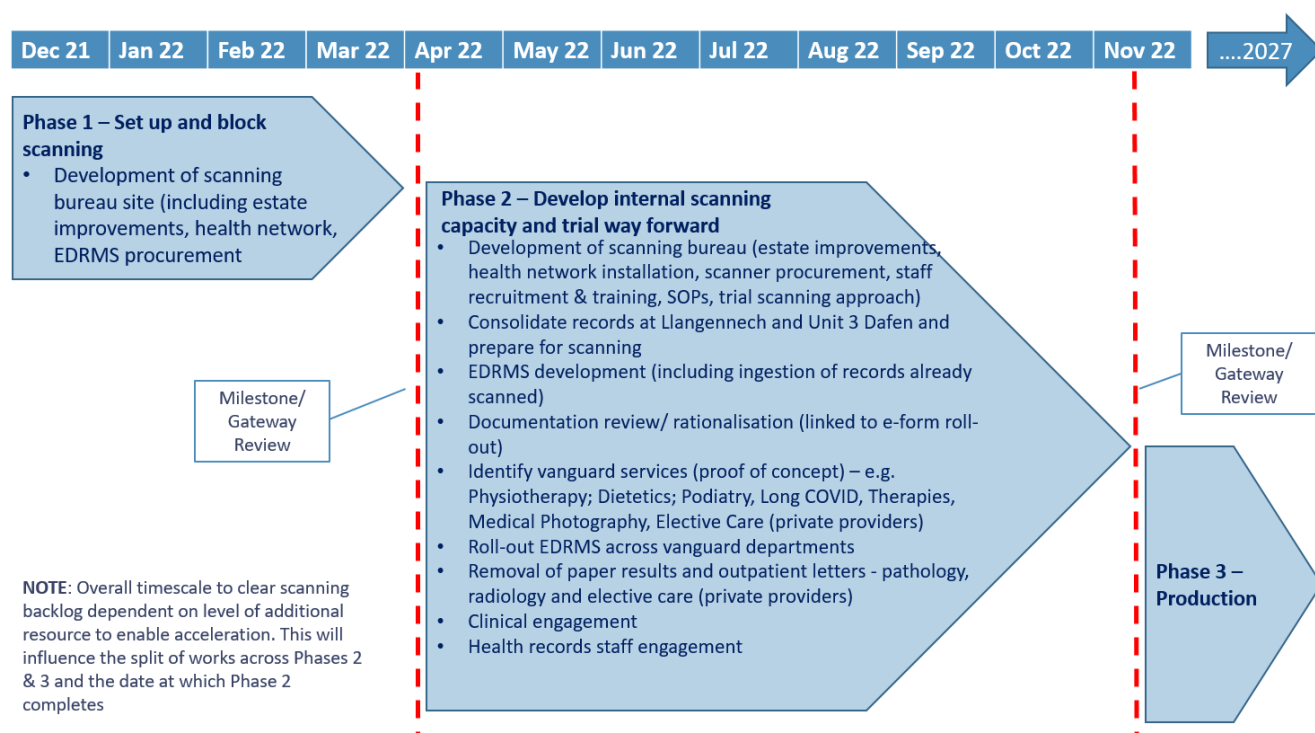
Work Remaining

- 1) Identify shortfalls in records management processes and non-compliance with appropriate standards, within relevant services (November 2022).
- 2) Following on from (1) develop a plan for records management training within those areas (November 2022).

Proposal: Remain open

Future Plans

As noted in the opening section of this report, the longer term plan for minimising paper records across the Health Board's record keeping requirements might be helpful in providing a broader understanding of the work plan that is being progressed. This is outlined below, along with a more detailed project timetable and allocation of responsibilities between Digital and Operational teams (Appendix 1) which emerged from a project workshop session held on 14th March 2022.



Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- Receive the update;
- Endorse the proposals to close report Recommendations 1 and 2 and discuss ownership of responsibility for Recommendation 4, which is ostensibly misaligned;
- Note the broader plans and progress made.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the

	<p>organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.</p> <p>3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Datix Risk Register Reference: 1335 Risk score: 12 (4x3)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	<p>3.5 Record Keeping</p> <p>2.1 Managing Risk and Promoting Health and Safety</p> <p>3.4 Information Governance and Communications Technology</p>
Amcanion Strategol y BIP: UHB Strategic Objectives:	<p>3. Striving to deliver and develop excellent services</p> <p>5. Safe sustainable, accessible and kind care</p> <p>6. Sustainable use of resources</p>
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<p>General Data Protection Regulation 2018</p> <p>Data Protection Act 2018</p> <p>ICO</p> <p>Health & Safety at Work Act</p>
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Implementing the recommendations will help to support the Health Board in achieving an improved financial position and better plan for services.

Ansawdd / Gofal Claf: Quality / Patient Care:	Ensures established processes are correct from creation of a record until its destruction. Assists in the delivery of assurance on patient care.
Gweithlu: Workforce:	There will be different and improved ways of working as a result of these recommendations.
Risg: Risk:	Potential interruption to clinical services Attainment of cancer & RTT targets Review and fine by ICO of £17m-£35m Increased litigation and negligence claims
Cyfreithiol: Legal:	Contained within the report
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

Appendix 1 - DHR Programme – Initial Project timetable*:

Lead Team and specific actions below:

Digital Team responsibility			Health Records Team responsibility		
	Project	Start-End dates		Project	Start-End dates
DT1	EDRMS procurement	Dec 21-Mar 22	HR1	Block Health Records scanning (non-active records) procurement	Dec 21-Mar 22
DT2	EDRMS development (in conjunction with procured supplier)	Apr 22 – Nov 22	HR2	Preparatory works associated with ensuring Health Records are available for pick up by procured scanning suppliers noted in HR1	Feb 22 – Mar 22
DT3	Health network installation at scanning bureau (Dafen)	Apr 22 – Sep 22	HR3	Development of scanning bureau site (Dafen) NOTE: Estates and Facilities colleagues to complete required site improvements and Digital colleagues to undertake health network installation (DT3) as part of action	Apr 22 – Sep 22
DT4	Documentation review/ rationalisation produced in the processing of patient diagnosis and treatments (linked to e-form roll out)	Jul 22 – Nov 22	HR4	Scanner procurement (3x scanners for scanning bureau – Dafen)	Apr 22 – Jul 22
DT5	Departmental reviews & records modernisation <ul style="list-style-type: none"> - Apply DHR modernisation initiatives to discreet service areas in order that the concept of digital records can be proved - Potential vanguard departments to include: <ul style="list-style-type: none"> o Physiotherapy o Dietetics o Podiatry o Long COVID o Therapies o Medical Photography 	Aug 22 – Date to be confirmed (further review with potential vanguard teams required)	HR5	Development of scanning bureau operation <ul style="list-style-type: none"> - Staff recruitment and training - Develop SOPs - Trial scanning approach e.g. A&E cards test project 	Jun 22 – Sep 22
DT6	Removal of results <ul style="list-style-type: none"> - Work with Pathology and Radiology to 	Jul 22 - Date to be confirmed	HR6	Discontinue practice of storing A&E cards (see HR5 – scan those records	Sep 22 – Date to be confirmed

	eliminate the production and distribution of paper based test and diagnostic results - Others to be identified (may include all or some of vanguard departments/ areas in DT5)	(further review with potential vanguard teams required)		that need to be scanned, destroy those records possible to be destroyed)	(in line with whether records need to be rescanned)
DT7	Roll out of EDRMS across departments across Vanguard departments	Sep 22 - Date to be confirmed (further review with potential vanguard teams required)	HR7	Roll out/ operationalise scanning bureau - Scanning bureau to align with scanning appropriate 'live' records – see DT4	Sep 22 – End of scanning programme
DT8	Design and lead clinical/ management engagement process across the organisation	Jun 22 – End of scanning programme	HR8	Support and contribute to clinical/ management engagement (see DT8)	Jun 22 – End of scanning programme

***NOTE:** Timeline indicative – dependent on level of resource available

Joint actions across Digital and Health Records Teams:

- Confirm indexing of Health Records to be rolled out across the organisation (potential to use national Professional Records Standards Body Guidance – SEE: [PRSB Standards – PRSB \(theprsb.org\)](https://theprsb.org/) & [Document Naming Standard – PRSB \(theprsb.org\)](https://theprsb.org/))
- Agree data sharing agreement/ file transfer/ metatags etc with EDRMS and block scanning providers
- Clinical engagement/ management engagement across the organisation in relation to roll-out of Digital Health Record
- Communications plan/ activity in relation to DHR
- DHR Programme Management
 - o Developing DHR Project Group Agenda(s)
 - o Following up on programme actions
 - o Management of DHR Programme Teams Channel/ folders (Programme files)
 - o Distribution of information
 - o Reporting to Committees e.g. ARAC

Gateway review process:

- Undertake Gateway Review(s) to decide next steps/ review activity to date.
Dates for Confirmed Gateway reviews to date to be:
 - o March 2022
 - o November 2022
- Utilise successes from review in communications across organisation (to ensure further buy-in).

Records Management Briefing Paper

February 2022

Hywel Dda University Health Board

NWSSP Audit and Assurance

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Review reference:	HDUHB-2122-27
Report status:	Briefing Paper
Fieldwork commencement:	8 th November 2021
Fieldwork completion:	28 th January 2022
Draft report issued:	3 rd February 2022
Final report issued:	8 th February 2022
Auditors:	Rhian Jones (Principal Auditor)
Executive sign-off:	Andrew Carruthers (Director of Operations)
Distribution:	Gareth Rees (Deputy Director of Operations) Huw Thomas (Director of Finance) Anthony Tracey (Digital Director) Steven Bennett (Health Records Manager)
Committee:	Audit & Risk Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit & 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 & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

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Executive Summary

Purpose

The overall objective of this review was to provide a position statement highlighting ongoing work by the organisation to improve Records Management arrangements following previous Internal Audit report in 2019 and 2020.






Overview of findings

Concluding a review of the previous Internal Audit recommendation, we noted limited progress had been achieved to address the issues raised. However, we acknowledge that Covid-19 pandemic has impacted on the Health Board, which has resulted in the progress being made by management being placed on hold.

This briefing paper has been produced to provide an update on the progress made to date whilst highlighting the actions required to be undertaken to address the previously raised issues and risks.

During our review we noted positive steps undertaken with the implementation of a Corporate Records Management Corporate Policy, and the introduction and roll out of an audit programme for record storage with external providers and internally. However, significant work remains outstanding in order to mitigate the issues previously identified.

Progress Summary

Previous Matters Arising		Previous Priority Rating	Direction of Travel (Status)	Current Status
1	Corporate Records Management Strategy and Policy	Medium		Partially Actioned
2	Storage Capacity	High		Partially Actioned
3	Retention and Destruction of Records	Medium		Partially Actioned
4	Third Party Storage Providers	High		Partially Actioned
5	Records Management Training	Medium		Not Actioned

1. Introduction and Scope

- 1.1 The review of Records Management was included in the 2021/22 Internal Audit Plan. The executive lead for the review was the Director of Operations.
- 1.2 Initial planning meetings with the Digital Director (responsible for developing the Records Management Strategy) and Health Records Manager established that work to address the issues identified in the two previous limited assurance reviews (reports HDUHB-1819-33 and HDUHB-2021-19) had not progressed as planned. It was acknowledged that Covid-19 has created challenges and difficulties throughout the last 18 months and has contributed to the lack of progress.
- 1.3 Consequently, it was agreed with management that an assurance review at this stage would not prove beneficial. Instead, this Briefing Paper has highlighted an overview of the current situation, ongoing/planned actions, and the arrangements for providing assurance to the Board in this respect.

2. Objective

- 2.1 The overall objective of this review was to provide a position statement highlighting ongoing work by the organisation to improve Records Management arrangements.

3. Associated Risks

- 3.1 Potential risks considered during this review:
 - non-compliance with records management policies and procedures;
 - poor management of records, including security, storage, accessibility, archiving and disposal; and
 - potential for reputational damage and financial penalty from the Information Governance Commissioner.

4. Audit Approach

- 4.1 Through enquiries with key officers and review of Board/sub-committee papers, we will seek to confirm:
 - the progress made to date and planned actions to address the issues identified in the previous limited assurance reviews and other actions identified by the Health Board; and
 - the Board or appropriate sub-committee is appraised of issues and ongoing actions in relation to Records Management.

5. Summary of Audit Findings

Previous Matter Arising 1: Corporate Records Management Strategy & Policy		
Original Recommendation		Original Priority
Management should ensure the Corporate Records Management Strategy and Policy are submitted to the Business Planning & Performance Assurance Committee for approval.		Medium
Management Response	Target Date	Responsible Officer
Following internal discussions, the Corporate Office is leading the review and updating of the Corporate Records Management Strategy and Policy. This will require contributions and input from a number of teams across the UHB. Once reviewed, these will be submitted to the Business Planning & Performance Assurance Committee at the earliest opportunity.	September 2019	Head of Corporate Office
Current Findings		Conclusion
A Corporate Records Management Policy has been reviewed and was presented at the December 2021 Information Governance Sub Committee (IGSC) meeting for approval. The Digital Director confirmed that an overarching Health Board Records Management Strategy is to be developed, with a view for completion by February/March 2022.		Management Action Partially Addressed

Previous Matter Arising 2: Storage Capacity		
Original Recommendation		Original Priority
We would recommend that management review current storage arrangements to establish whether they continue to be fit for purpose, whilst consideration should be given in the progression of other solutions for example, scanning of documents, to reduce the amount of manual health records retained by the Health Board.		High
Management Response	Target Date	Responsible Officer

<p>In November 2018 a records management brief was presented to the Executive Team highlighting a number of issues in various services across the Health Board. In addition to the issues a number of potential solutions were identified which could significantly improve current storage arrangements, increase efficiencies and also provide some potential savings. A follow up paper is being presented to the Executive Team on the 19th December 2019 and within the paper it clearly identifies future arrangements to deliver the solutions. The proposal is to have one overall project group with Executive leadership, with working sub group responsible for carrying out the work. As part of this process all services involved will be completing a detailed review of their current records management arrangements, storage arrangements and storage capacity. The project proposal should be finalised early in the new year.</p> <p>As identified in the earlier recommendation there is already a fully implemented Electronic Records Group within the Health Board. The group is led and chaired by the Deputy Director of Operations and will be responsible for the implementation of a scanned patient record within Hywel Dda. One of the main reasons why the group was implemented was due to the lack of storage capacity for storing records across the Health Board. The group is still very much in its infancy and is starting to work through all the necessary questions and actions that may get the Health Board to the position where they could potentially move towards a scanned patient record.</p> <p>The main issue in terms of current storage arrangements is within the Health Records Service and associated with the acute patient record. Even with four main hospital storage facilities based at each main hospital locality and an offsite storage facility housing over a million patient records there is still not enough capacity available to complete the tasks required on an annual basis to ensure there are appropriate storage arrangements in situ. Storage is the main risk identified on the Health Records and Operations Directorate risk register currently scoring 20. This is also included on the corporate risk register and due to the scoring method is reviewed on a monthly basis. Similar risk may require identification in other services.</p>	March 2019	Director of Operations
	November 2018	Deputy Director of Operations
	November 2018	Health Records Manager
Current Findings		Conclusion

Whilst we noted that the Health Records Management Group meetings had been paused due to the pandemic and development of the workstreams had not yet come about, some progress within records management have been made in relation to storage capacity. We noted the following:

- An audit programme of record storage both for external providers and internally across the Health Board has commenced, with the aim of providing a detailed list of all areas of record storage across the Health Board and any associated risks.
- A paper presented to the Executive Team in July 2021, 'Health Records Storage Pressures – Short and Longer Term Strategies to Resolution – Planning Objective 5M (to provide patient records via a digital medium within 3 years)' highlighted the risks posed to the Health Board if changes cannot be made to the current overstretched and unsafe storage facilities.
- The Health Board has recently employed a project manager to oversee the digitalisation of health documentation.
- The Health Board are currently in the process of finalising the lease agreement for a new facility in Dafen Llanelli, that will provide the necessary additional storage capacity to fully resolve all current and future health records storage issues
- Monies have recently been made available following a successful presentation of a business case to create and run a Health Board run 'Scanning Bureau' for the patient health records and to include the ability to relocate other Health Board records (i.e physio, podiatry, maternity etc) for storage and scanning with the ultimate goal of becoming as paper free and digital as possible.

Management Action Partially Addressed

Previous Matter Arising 3: Retention and Destruction of Records

Original Recommendation		Original Priority
Management should ensure that the services and functions holding patient records locally are reminded of their requirement to comply with the Retention & Destruction Policy.		Medium
Management Response	Target Date	Responsible Officer

<p>As identified in the recommendation above, following a report reviewed by the non-pay panel it identified that services across the Health Board were utilising private storage companies to store a wide range of records and Health Board information. There were significant costs associated with the storage facilities and there was a feeling that a number of records currently in storage could be destroyed because they have passed the necessary retention period. This information was contained within the records brief presented to the Executive Team in November and will also form part of the work undertaken by the project group and sub groups. As part of the scoping working the groups will be required to identify any records outside of retention guidance and the relevant costs of destruction. As clarified above this work will be progressed early in the new year.</p> <p>In addition to the work that will be carried out by the project groups the approved Retention & Destruction Policy is available to all Health Board staff via the intranet site. The policy is available within the corporate section and provides all staff with clear legal timescales for the retention and destruction of a wide range of records and Health Board information. Staff have the ability to refer to the policy as and when required. To further support retention and destruction processes the Health Records Manager has distributed a global e-mail to all staff notifying them of their individual responsibility to ensure records are only retained for the required period and are destroyed in line with the policy.</p>	March 2019	Director of Operations
	November 2018	Health Records Manager
Current Findings		Conclusion
<p>Embargos of health records imposed by the UK Government remain in place. This continues to impact on the Health Board's ability to destroy records. However, the current audit programme of the storage facilities being undertaken by the Information Governance team will enable the Health Board to create an overall view of the location of records and what action will be necessary to take in relation to the retention and destruction of records.</p>		Management Action Partially Addressed

Previous Matter Arising 4: Third Party Storage Providers		
Original Recommendation		Original Priority
<p>4.1 Management should review the current arrangements in place with third party storage providers to establish whether they meet the required Health Board standards.</p> <p>4.2 Management should establish what information is stored with the third party storage providers and that the retention and destruction of information is being undertaken in line with the Welsh Government arrangements.</p>		High
Management Response	Target Date	Responsible Officer
<p>Again as identified in finding 3 and 4, early this year a financial report was presented to the non-pay review panel. The report identified that the Health Board was utilising private storage companies to store a wide range of records and Health Board information. There were significant costs associated with the storage facilities and the report was presented to the Health Records Manager for comment. Following the comments received it was identified that potentially not all service/departments utilising private storage may have confirmed contractually arrangements in place. Further discussion lead to the records management brief presented to the Executive Team in November 2018. Again as part of the relevant project groups there will be a requirement and responsibility for the groups to confirm:</p> <ul style="list-style-type: none"> • What records/information they have in storage • What are the costs (per box per month/year) • Are there any exit costs • Is there an agreed formal contract in place between the Health Board and the company <p>Again this work will be driven by the main project group with sub group implementation planned for early next year.</p>	March 2019	Director of Operations
Current Findings		Conclusion
An audit programme of all storage providers has commenced by the Information Governance team headed by Sarah Bevan. We can confirm that details of the programme and outcomes were being reported through to the IGSC, such		Management Action Partially Addressed

as the recent review of the Lloyd & Pawlett storage facility undertaken in July 2021. Issues identified following these audit reviews were placed on the IGSC risk register.

Previous Matter Arising 5: Records Management Training		
Original Recommendation		Original Priority
Management should establish refresher sessions to ensure existing staff receive records management training.		Medium
Management Response	Target Date	Responsible Officer
Ad hoc Health Records training sessions have been completed for all ward clerks and secretaries across the Health Board apart from at Bronglais and these training sessions will be completed by February 2019. Recently the Health Records Manager and Head of Governance have discussed the possibility of introducing joint IG/Health Records training sessions. Further discussions are planned for next year with the potential to implement across the Health Board in 2019.	February 2019	Health Records Manager/Head of Governance
It is correct that after receiving robust departmental induction and on the job training, staff within the Health Records service currently do not receive any update or refresher training. The responsibilities within the service and the staff roles have not altered when compared to the duties undertake 10 years ago and the majority of the tasks are exactly the same, as they always have been. The Health Records Manager will discuss this recommendation with the Deputy Director of Operations and the Deputy Health Records Managers and identify if this is an essential requirement and the most effective format to deliver refresher training if required.	February 2019	Health Records Manager
Current Findings		Conclusion
The situation on training has not progressed due to lack of resource and the impact of Covid. Training was discussed at the last Welsh Health Records Management Group in regard to the development of an All Wales training materials over the next six months to supplement to the mandatory e-learning or in house records management training.		Management Action Not Addressed

<p>This item remains of the agenda of the Health Records Management Advisory Group and further discussions are planned on developing records management training, unfortunately more urgent issues have surpassed the training element and have required more attention. Discussions at January 2022 Information Governance Sub Committee meeting confirmed that discussions are ongoing at a national levels to provide records management training as part of the services providing by e-learning and the e-learning model. The Health Board’s Information Governance (IG) Manager has also confirmed that additional slides/information in regards records management will be included within the IG training.</p>	
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