

Record Management

Final Internal Audit Report

2024/25

Cardiff & Vale University Health Board



Reasonable Assurance

Contents

Executive Summary	1
Findings & Agreed Action Plan	3
Appendix A	8

Review Reference	CVU 2425-30
Fieldwork	December 2024 – February 2025
Executive Sign Off	6 th May 2025
Audit Committee	May 2025
Executive Lead	David Thomas Director of Digital & Health Intelligence. Sarah Lloyd Director of Operations (CD&T)
Head of Internal Audit	Ian Virgill
Deputy Head of Internal Audit	Lucy Jugessur

Executive Summary

Purpose

A review of the arrangements and processes in place within the Health Board for the management and storage of health records, both acute and non-acute. Including a review of plans for the scanning and digitisation of patient records.

Background

We have concluded reasonable assurance on this area. We have identified five (5) matters for reporting in our review which require management attention including:

- 1 There is a lack of full guidance with departments that manage their own records;
- 2 Some records storage areas lacked protection from water damage or fire;
- 3 Records are transported in unsealed containers;
- 4 Records are not being disposed of, leading to retention past agreed timescales; and
- 5 There is no formal plan to move away from physical records to an electronic health record.

Full details of matters arising are detailed 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:

- The Medical Records department has outdated internal documents, with many not updated since 2017. Additionally, there is no guidance on transportation and disposal, leaving gaps in the records management lifecycle.

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 Appropriate policies, procedures and guidelines are in place for records management, that cover the full lifecycle and ensure standardisation of processes and content.	1	Reasonable
2 Storage facilities ensure that records are protected from unauthorised access, destruction or theft, and from accidental damage from environmental hazards.	2	Reasonable
3 Physical records are transported and tracked appropriately and are readily available for staff to access.	3	Reasonable
4 An appropriate process is in place to archive and dispose of records appropriately, both physical and digital.	4	Limited
5 An appropriate process is in place to move away from physical records, both from digitisation of records and replacement with digital solutions.	5	Limited

Management Actions

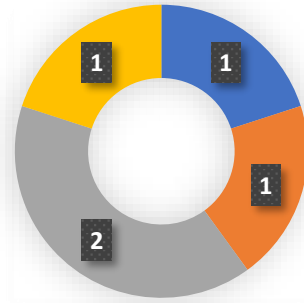


High Priority



Medium Priority

Themes



- Policies & Procedures
- Information, Data Quality & Data Accuracy
- Physical Security
- Governance

Risk Types

Quality or Safety Issues

Public Perception & Reputational Risk

Findings & Agreed Action Plan

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.

Reasonable

Cardiff & Vale (C&V) has developed a Records Management Procedure, which outlines key principles, responsibilities, and compliance measures for records management and so provides a framework for managing records across the organisation and aligns to the Records Management Code of Practice for Health and Care 2022. This is supported by the UHB's Records Retention and Destruction Protocol.

While the Records Management Procedure establishes an overarching approach, individual departments are expected to develop their own specific guidance and standard operating procedures (SOPs) so that staff responsible for managing records can create localised guidance to ensure records are managed effectively within their areas.

Our review assessed five key areas: Medical Records (UHW and Llandough), Mental Health, Podiatry, Occupational Therapy, and Physiotherapy. We note that while the Medical Records department has a number of internal, department-specific documents, many have not been updated since 2017. We further note that there is no specific guidance on transportation and disposal, meaning its documentation does not fully cover the entire records management lifecycle.

The other areas assessed were unable to provide any evidence of possessing the Records Management Procedure document or having their own internal guidance in place, as recommended by the procedure. As such the guidance for staff outside Medical Records may be incomplete.

Key Findings		Risk & Impact	Agreed Management Action
1	There is a lack of guidance for services who manage their own records.	Non-compliance could lead to reputational damage.	<ol style="list-style-type: none"> 1. Update the UHB's Records Management Policy and Procedures (IG) 2. Update Medical Records' Standard Operating Procedures (SOPs) accordingly and in respect of the above (Head of Health Records) 3. Share SOPs with other services storing health records in order to adapt for specific local requirements and use accordingly (relevant Heads of Service)
			<p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1. Approved updated Records Management Policy and Procedures 2. New SOPs in place for all services storing medical records with timely review dates
		Medium Priority	<p>Officer: Head of Information Governance and Cyber Security Date: 1. July 2025 2. August 2025 3. October 2025</p>
Theme: Policies & Procedures		Control Operation	

Core health records are managed by the Records Management team, with storage of the active records within UHB sites at UHW (holding approximately 450k active records) and Llandough (approximately 250k active records on site). Additional storage is provided and is available to use for all departments across the Health Board at both UHB controlled locations and via contractual arrangements with 3rd parties. These sites are used for archived records and include:

- A storage unit located at Treforest (within the ALAC building), holding over 2000 boxes of records. No staff are based at this storage location but it is administered by Medical Records personnel from Cardiff and Vale.;
- Hywel Dda Health Board, Llanelli: This facility accommodates 17,300 boxes and is managed by the Hywel Dda Medical Records team, with NHS staff responsible for transporting records.
- Logic Document Archiving (LDA), Llanelli, under a formal contract for storage: Housing 45,000 boxes, this facility is staffed by LDA personnel who also manage record transportation between hospitals and Health Boards.
- Restore Information Management, Bedwas, under a formal contract for storage: This site stores 1,575 boxes and is managed and serviced by Restore staff, who also handle the transportation of records.

We reviewed the environmental controls over storage areas. In general storage areas are appropriate, with records protected from unauthorised access using the TDSi (Time and Data Systems International) system, and with protections in place from fire. We did note the following issues:

- Medical Records Room 2 at UHW has experienced water damage, and there is a notable risk of further damage from overhead pipes and valves located above the racking;
- Room 80-90 at Llandough exhibits severe water damage, lacks fire suppression systems, and has plastic sheeting improperly covering smoke detectors;
- The Community Respiratory Resource Unit (CRRU) at Llandough is in particularly poor condition, with extensive water damage, fungal growth and no fire detection or suppression.

Key Findings	Risk & Impact	Agreed Management Action
2 Some of the records storage areas lacked protection from water or fire which leads to a risk of loss of records.	Provide a safe working environment.	1. Remove any obstacles to smoke detection equipment 2. Agree an estates plan to address identified issues including provision of alternative accommodation where remedial actions are not deemed feasible Expected Evidence of Implementation: 1. Smoke detection equipment uncovered 2. Agreed plan with timelines developed and subsequent actions completed accordingly
Theme: Physical Security	<div style="background-color: red; color: white; text-align: center; padding: 2px;">High Priority</div> Control Operation	Officer: Head of Health Records Date: 1. With immediate effect 2. September 2025

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

Reasonable

A structured mechanism exists for transporting records to third-party off-site locations. Logic Documents conducts twice-weekly pickups and drop-offs for records stored in Llanelli (Hywel Dda storage) and Logic Document storage, while Restore Documents is contacted as needed. Departments outside of Medical Records are responsible for arranging their own record pickups and drop-offs with Logic. Advance notice is required for timely retrieval, and urgent requests may incur undocumented additional costs.

Guidance in place notes that's transportation of records should be within sealed containers, however records transported by both internal NHS couriers and third-party couriers are not sealed, which may lead to a breach of confidentiality.

As noted above, each department make independent arrangements to use off site facilities, with an expectation that each department keeps an updated list of what is stored at these locations. Records scheduled for transportation by the Medical Records team are tracked in PMS which enables the location of the acute health record to be known at all times. While the other departments reviewed also have access to PMS, they stated that the tracking functionality was not used.

We note that Mental Health, Podiatry, Occupational Therapy, and Physiotherapy use external storage providers but apart from Podiatry, which maintains a spreadsheet tracking records stored in Treforest and at a third-party site in Llanelli, lack a record of what is stored off-site.

Medical Records have developed a document to help locate missing files within the main records department. However, this process does not extend to records that may have become "lost" off-site in storage.

The departments included in our review use PARIS, which provides an electronic patient record (EPR) system, this has significantly reduced reliance on paper records and minimized the loss of active records. The system provides functionalities such as clinical case notes, assessments, referrals, and care planning, all managed electronically. However, each department does have a large volume of paper records still extant.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Transportation of records across the health board is within unsealed containers, and we further noted a lack of tracking of records.</p>	<p>Breach of patient confidentiality</p>	<p>1. Update the UHB Transportation of Medical Records Procedure (IG) 2. Once complete, distribute to all staff members and services, emphasising personal responsibilities for transporting, receiving and tracking of records - internally and externally - providing links to associated training packages & documentation 3. Regular audits for all services, monitoring levels of transport and tracking adherence, with results shared with Clinical Boards and relevant UHB groups (relevant Heads of Service)</p> <p>Expected Evidence of Implementation: 1. An approved updated UHB Transportation of Medical Records Procedure 2. Note of the date(s) of relevant UHB communications 3. Note of the date(s) and forums where audit results are shared</p>
<p>Theme: Physical Security</p>	<p>Medium Priority Control Operation</p>	<p>Officer: Director of Operations, CD&T Date: 1. June 2025 2. June 2025 3. July 2025 (ongoing)</p>

Objective 4: An appropriate process is in place to archive and dispose of records appropriately, both physical and digital

Limited

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.

The Health Board has not disposed of any records due to the embargo imposed on it by the Infected Blood Inquiry. Although this has been lifted it continues to create delays as departments await confirmation from the Health Board before proceeding. The Medical Records department has suggested using third-party storage providers to assist with disposal, but there is uncertainty about whether these providers would offer formal confirmation of disposal in order to comply with the disposal protocol.

As such during the review we noted that the reviewed departments are retaining records beyond the designated retention periods. This poses a potential GDPR compliance risk and adds to the growing pressures on storage capacity.

In Treforest it was noted that a large number of records in storage lack expiry dates, making it difficult to identify those eligible for disposal. Although the Medical Records department uses PMS to track records that are eligible for disposal, no action has been taken to address these records. In contrast, the Therapies department does not appear to use PMS to record stored records and is therefore unaware of the quantity of records that could potentially be disposed of.

All areas reviewed have access to the PARIS system therefore providing a digital record and a basic structure for archiving based on last seen. However, there is no effective monitoring or action to ensure that records past their retention dates are identified and removed, as such there is no current process to ensure removal of old electronic records.

Key Findings	Risk & Impact	Agreed Management Action
<p>4</p> <p>There has been no disposal of records, as such the health board is retaining records longer than the agreed retention period. This includes both physical and electronic records.</p> <p>Theme: Governance</p>	<p>Records retained beyond GDPR requirements</p> <p>High Priority</p> <p>Control Operation</p>	<p>1. Update the Records Management Retention and Destruction Protocol and Schedule to include specific guidance related to the UHB's agreed local instruction on disposal (IG)</p> <p>2. Develop a destruction of medical records plan, with progress reviewed via the Clinical Information Programme.</p> <p>Expected Evidence of Implementation:</p> <p>1. An approved Records Management Retention and Destruction Protocol and Schedule</p> <p>2. Destruction Programme plan document and CIP agendas</p> <p>Officer: Director of Operations, CD&T</p> <p>Date: 1. June 2025 2. May 2025</p>

Objective 5: An appropriate process is in place to move away from physical records, both from digitisation of records and replacement with digital solutions

Limited

In 2013, the Medical Records department initiated the digitisation of patient records through a back-scanning process as part of the Digital Health Record (DHR) project. The project aimed to systematically scan files by department, with the goal of creating comprehensive electronic health records for Rheumatology outpatient clinics.

However, clinicians raised concerns about the system's complexity and the adequacy of the available electronic information. Many found the data accessible through the Cardiff and Vale Clinical Portal insufficient for clinical decision-making. Although the system was structured, it proved time-consuming and difficult for consultants to navigate.

To address these issues and improve efficiency, the Clinical Information Triage (CIT) process was introduced in 2017. This approach focused on scanning only the most recent and relevant information, enabling quicker and more efficient access to critical patient data. We also noted that the department also supports digitisation efforts by providing full record scans for Subject Access Requests (SARS) and legal purposes.

The CIT process is designed to deliver essential health information without duplication, prioritising clinicians' needs over creating a comprehensive health record. By streamlining electronic health records, this approach enhances accessibility for clinicians while reducing unnecessary complexity. To further support efficient and effective patient care, there was a stated intent to expand the CIT model to additional departments, ensuring that digitisation efforts seamlessly integrate with clinical workflows while maintaining both efficiency and accessibility.






However there is no formal roll out plan for expanding CIT and currently no additional staff or resource available. As such there is currently no formal project in place to develop an electronic staff record for the health board.

Currently, data on the number of records that have been scanned and digitised is not yet available. However, efforts are ongoing to compile this information, ensuring greater transparency and accessibility in the future.

Key Findings		Risk & Impact	Agreed Management Action
5	Currently there is no formal plan to develop or implement an electronic health record within the health board.	Fragmented records. Inefficient care and potential clinical errors.	1. Develop a programme plan to deliver full roll out of CIT to acute specialties, with progress reviewed via the Clinical Information Programme (Director of Operations, CD&T) 2. Share the progress being made with the Digital Foundations investment case relating to the UHB's electronic patient record (EPR) plan Expected Evidence of Implementation: 1. CIT Programme plan document and CIP agendas 2. EPR Digital Foundation case / highlight report
Theme: Information & Data Management		High Priority	Officer: 1. Director of Operations (CD&T) 2. Director of Digital & Health Intelligence Date: 1. May 2025 2. July 2025
		Control Design	

Appendix A

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](#)

Disclaimer

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 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 the Cardiff & Vale 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.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

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 management of the Cardiff & Vale 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.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

