

Follow-up: Medical Records Tracking (Clinical Diagnostics & Therapeutics Clinical Board) Final Internal Audit Report

June 2024

Cardiff and Vale University Health Board



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Acknowledgement

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Executive Summary

Purpose

The overall objective of this audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from the 'Medical Records Tracking, Clinical Diagnostics & Therapeutics (CD&T) Clinical Board' review that was reported as part of our 2022/23 work programme.

Overview of findings

Management have made reasonable progress in addressing the recommendations, and the management actions detailed in the initial Final Internal Audit Report.

Of the seven recommendations made, three of them have been closed, including two of the high priority recommendations. The Health Board's Records Management Policy and Procedure have both been updated and a Health Records Security & Storage action Plan has been developed.

A further two recommendations are partially complete with one of the high recommendations having moved down to medium, and one of the medium recommendations moved to a low priority, as actions have been undertaken within these areas.

The remaining two recommendations, with a high and medium priority, have not moved. Whilst some underlying actions have been undertaken, the new Programme Board is yet to be established and processes to track lessons learned and ensure staff are returning medical records have not therefore been introduced.

Follow-up Report Classification

<p>Reasonable</p> 	<p>Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>	<p>Trend</p> 
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Progress Summary

Previous Matters Arising	Previous Priority Rating	Current Priority Rating
1 Policy and Procedure require review	High	Closed
2 Health Records governance requires review	High	Medium
3 Security and storage of medical records	High	Closed
4 Lessons learnt require formal tracking	Medium	Medium
5 Inaccuracies of medical records location	High	High
6 Operational effectiveness to be improved and harmonised	Medium	low
7 Barriers which prohibit the digitalisation of Health Records	low	Closed

1. Introduction

- 1.1 The follow-up review of 'Medical Records Tracking, Clinical Diagnostics & Therapeutics (CD&T) Clinical Board' was completed in line with the 2023/24 Internal Audit Plan for Cardiff and Vale University Health Board (the 'Health Board'). The opinion provided through this review is a key component, which will inform the Head of Internal Audit's Annual Opinion.
- 1.2 This was a follow-up review of the original report that was issued in January 2023. This identified seven issues and resulted in an overall assurance rating of 'Limited Assurance'.
- 1.3 The Lead Executive Director for this review is the Chief Operating Officer.

Audit Risks

- 1.4 The potential risks considered in the original review were as follows:
 - There is a lack of clarity of roles and responsibilities due to out-of-date policy and procedures;
 - Governance structures, roles and responsibilities may not be clear or operating effectively;
 - Medical records are not adequately managed, leading to risks to patient safety and exposing the Health Board to reputation risk; and
 - Learning from past incidents is not taken forward and addressed, resulting in reoccurring issues.

2. Findings

- 2.1 The table below provides an overview of progress in implementing the previous internal audit recommendations:

Original Priority Rating	Number of Recommendations	Implemented / Obsolete (Closed - No Further Action Required)	Action Ongoing (Further Action Required)	Not implemented (Further Action Required)
High	4	2	1(R2)	1(R5)
Medium	2	0	1 (R6)	1(R4)
Low	1	1	-	-
Total	7	3	2	2

2.2 Full details of recommendations requiring further action are provided in the **Management Action Plan** in **Appendix A**.

Appendix A: Management Action Plan

Previous Matter Arising 2: Health Records governance requires review (Design)		
Original Recommendation		Original Priority
In alignment with the review of the Records Management Policy and Procedure, the governance arrangements should be redesigned to provide effective oversight of the tracking of health records, to ensure there is a line of sight to the accountable executive of the policy and procedure.		High
Management Response	Target Date	Responsible Officer
The Health Board has a monthly Information Governance Sub-group chaired by the SIRO and attended by senior leaders including the Medical Director. Matters relating to the tracking of medical records can be escalated there. The group is linked to the Digital and Health Intelligence Committee (formerly the Information Governance Sub-Committee), and as such relevant points and actions will be raised accordingly at organisational governance fora. It is acknowledged that the mechanism for receiving points of escalation is often responsive in nature. Review of current governance arrangements related to medical records management will be undertaken with recommendations made, and subsequently enacted, to ensure a clearer line of sight to the accountable executive of related policy and procedures and related Health Board.	31 March 2023	To be determined following wider cross clinical board and corporate function discussions, led by the Director of Operations, Clinical Diagnostics & Therapeutics Clinical Board.
Current findings		Residual Risk
<p>The plan is to establish a new forum titled the Clinical Information Management Group and medical records matters will be taken forward in this group rather than through the monthly Information Governance Sub-group as initially stated in the initial management action.</p> <p>The following outlines the activities undertaken to establish the new forum:</p> <ul style="list-style-type: none"> The Medical Records Management Group and the Medical Records Operational Group which were responsible for the governance of medical records were disbanded. 		Negligence and reputational damage.

- A meeting was held with the previous Medical Director, Head of Information Governance (IG) and Cyber Security and the Directorate Manager for the Clinical Diagnostics and Therapeutics Clinical Board on 8 February 2024 to consider the scope of the group and actions from the audit. A number of changes and proposals were made using the previously dissolved group as a form of reference.
- A meeting has been scheduled with the Interim Medical Director, Directorate Manager for CD&T and Head of IG and Cyber Security to discuss the proposed Clinical Information Group.
- The Head of IG and Cyber Security has also liaised with the Chief Operating Officer in part requesting support for the new Clinical Information Management Group.

Conclusion: This recommendation is partially completed.

New Recommendations		Priority	
2.1	Management should ensure that the terms of reference for the new group is produced, and the group is established as soon as possible to provide effective oversight of medical records matters.	Medium	
Management Response	Target Date	Responsible Officer	
2.1	Terms of reference for the Clinical Information Management Group will be agreed by the Interim Medical Director prior to being formally taken to the Group's inaugural meeting. A schedule of future meetings will be arranged, within which the terms of reference will be approved.	31 August 2024	Head of IG and Cyber Security (in conjunction with Directorate Manager, Patient Administration & Outpatients)

Previous Matter Arising 4: Lessons learnt require formal tracking (Operation)		
Original Recommendation		Original Priority
Management should formally track progress of taking forward lessons learnt to mitigate the risk of known issues recurring and to assist in identifying barriers that can be escalated for resolution.		Medium
Management Response	Target Date	Responsible Officer
A Health Board 'Tracking of Medical Record Learning and Improvement Proposal' will be developed. This will incorporate the points outlined in the Ombudsman response November 2021. Learning and progress on improvement will be assessed through Clinical Board's Quality, Safety & Patient Experience meetings, with further oversight via the Health Board's Patient Experience function and governance structures, as well as the enhanced governance structures subsequently clarified through the delivery of recommendation 2.	3 March 2023	Directors of Nursing, and to be determined following wider discussion.
Current findings		Residual Risk
<p>The intention initially was for the suggested 'Tracking of Medical Record Learning and Improvement Proposal' to be monitored through Clinical Board QSE groups. As a result of recent developments related to medical records governance and management, Executive agreement has been provided to establish a new Clinical Information Programme Board which will encompass and then track associated improvements.</p> <p>As part of this, a new Clinical Information Programme Board is being set up to look at the management of records from a storage, access and distribution perspective. It will be the overarching medium through which the 'Tracking of Medical Record Learning and Improvement Proposal' will be monitored. The soon to be established Clinical Information Management Group will also provide an element of ensuring improvements are complied with.</p> <p>The new Clinical Information Programme Board is in its developmental stages, so work is in progress and may be subject to amendments.</p>		Learning from past incidents is not taken forward and addressed, resulting in reoccurring issues.
Conclusion: This recommendation is not completed.		

New Recommendation(s)		Priority
4.1	Management should ensure that on establishment of the new Clinical Information Programme Board, a system is put in place to oversee the 'Tracking of Medical Record Learning and Improvement Proposal' when the proposal is developed.	Medium
Management Response		Target Date
4.1	The improvements within the 'Tracking of Medical Record Learning and Improvement Proposal' will be incorporated within the workstreams of the Clinical Information Programme, with progress against these monitored by the Clinical Information Programme Board.	30/06/2024
		Responsible Officer
		Director Of Operations, CD&T Clinical Board

Previous Matter Arising 5: Inaccuracies of medical records location (Operation)		
Original Recommendation		Original Priority
Management should ensure staff are reminded of their responsibilities to return health records once used and the importance of updating PMS or PARIS following a change in location.		High
Management Response	Target Date	Responsible Officer
This will be taken forward as part of Agreed Management Action 4, specifically in relation to point 4 of Matters Arising 4. Departmental (Health Records), reinforcement of correct processes and good practice related to storage of medical records, will be undertaken prior to this.	31 March 2023 3 February 2023	As Recommendation 4 Head of Health Records
Current findings		Residual Risk
This is being taken forward as a part of matter arising 4. Refer to the current findings under matter arising 4. Conclusion: This recommendation is not completed		Medical records are not adequately managed, leading to risks to patient safety and exposing the Health Board to reputation risk.
New Recommendation(s)		Priority
5.1	Management, in relation to their previous management response, should ensure that the new Clinical Information Programme Board develop a Communications Strategy to remind staff of their responsibilities to return and record health records, in line with the points within the letter from the Ombudsman.	High

Management Response	Target Date	Responsible Officer
5.1 As part of the Clinical Information Programme Board's communication campaign, responsibility for the appropriate handling and transfer of clinical records will be emphasised widely across the UHB. These obligations will also be reinforced through the Medical Director's new Clinical Information Management Group.	31 July 2024	Director Of Operations, CD&T Clinical Board

Previous Matter Arising 6: Operational effectiveness to be improved and harmonised (Operation)		
Original Recommendation		Original Priority
Management should consider enhancing the operational efficiency and effectiveness to track medical records, based on our findings associated with the alternative filing systems in use, the indexing of records, the inconsistencies between UHL and UHW, and random spot checks on locations.		Medium
Management Response	Target Date	Responsible Officer
The department will revise its related local Standard Operating Procedures to ensure consistency of practice across sites, particularly in relation to the points outlined. Emphasis will be placed on regular sample location and tracking checks and hierarchy of actions depending on findings. A specific plan to complete the progress made towards a universal filing system (location-based tracking), will be developed. This will link to the Security and Storage action plan aligned to Recommendation 3.	28 February 2023	Directorate Manager Patient Administration and Outpatients
Current findings		Residual Risk
<p>The department has revised the local Standard Operating Procedures to ensure consistency of practice across sites. However, the other parts of the Management response have not yet been fully implemented as detailed below:</p> <ul style="list-style-type: none"> • The spot checks were demonstrated during the COVID investigations. • Spot checks were undertaken as part of training and re-training for the associated audit log. Verbal feedback was given; however, this was not recorded. • We were advised that going forward, the plan is for audit / sample checks to be scheduled weekly. • A specific plan to complete the progress made towards a universal filing system (location-based tracking) will be developed. • There is now consistency of storage across filing libraries, and restricted access to all libraries has been in place since June 2023. The department has embarked on a programme of moving all remaining areas to Location Based Filing (LBF). We were advised that rooms 4 and 5 are progressing with switching to LBF. 		Delay in accessing and storing medical records.

Conclusion: This recommendation is partially completed

New Recommendation(s)

Priority

6.1 Management should ensure the scheduled periodic checks are undertaken on a regular basis. Acknowledging the progress highlighted, management should ensure a 'specific plan' detailing the progress of the universal filing system is developed.

Low

Management Response

Target Date

Responsible Officer

6.1 A plan for achieving full LBF in rooms 4 and 5 will be updated, including presenting options to improve timelines. Progress against this will be outlined at the monthly Directorate Performance reviews with the CD&T Clinical Board, as will quality control metrics; principally results of spot check audits. It will link into the Clinical Information Programme as part of its 'Consistency of Approach' workstream where assessment of practice occurs and where recognised good exemplars are shared.



30 June 2024

Directorate Manager, Patient Administration and Outpatients

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:

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. Follow up: All recommendations implemented and operating as expected</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved. Follow up: No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>
	<p>No assurance</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. Follow up: No action taken to implement recommendations</p>

Prioritisation of Recommendations

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

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

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



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