

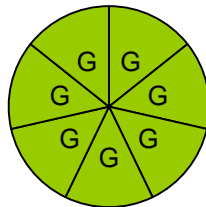
Internal Audit



Patient Records Management

February 2017

Report Assessment



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Contents

| | |
|---|----|
| Introduction | 1 |
| Executive Summary | 2 |
| Management Action Plan | 4 |
| Appendix 1 - Definition of Ratings..... | 11 |

Introduction

Accurate and complete patient records are critical to allow clinicians to treat patients safely and effectively. Good patient records management protects the interests and rights of patients, staff and members of the public who have dealings with NHS Lothian. All patient records are subject to the Public Records (Scotland) Act 2011, under which, NHS Boards are obliged to ensure their safe-keeping.

NHS Lothian has used the TrakCare Healthcare Information System (Trak) to digitise clinical information for over 10 years and clinicians increasingly rely on Trak rather than paper case notes to view clinical information. NHS Lothian is implementing an electronic storage model, Paper Lite, across the period 2014-17. This programme will allow further paper-based patient information to be moved on to Trak and reducing reliance on paper.

Scope

The audit reviewed the robustness of controls over the management of patient records to ensure security, availability and confidentiality.

Acknowledgements

We would like to thank all staff consulted during this review, for their assistance and cooperation.

Executive Summary

Conclusion

Overall, we found that the Health Records department has a clear and established framework for handling patient records. Health Records staff displayed a good understanding of procedures and how records are managed in accordance with policy. Training on records management continues to be developed and the Paper Lite project will support more efficient working practices. However, we identified some areas for improvement relating to the review and update Learnpro training and the control of keys to access records libraries.

Summary of Findings

The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

| No. | Control Objective | Control objective assessment | Number of actions by action rating | | | |
|-----|---|------------------------------|------------------------------------|-------------|-----------|-------|
| | | | Critical | Significant | Important | Minor |
| 1 | The patient record management strategies and procedures in place cover all aspects of management of patient records. | Green | - | - | - | - |
| 2 | There are clear guidelines on what patient records should be stored electronically versus paper. | Green | - | - | - | - |
| 3 | Adequate and effective training and guidance has been developed to ensure staff are aware of their responsibilities for the management of patient records, and are able to fulfil their role. | Green | - | - | 1 | - |
| 4 | A patient records management system that supports operational efficiency is in place. | Green | - | - | - | - |
| 5 | Governance arrangements are in place to support the timely and appropriate escalation of breaches and non-compliance with the patient records management policy. | Green | - | - | - | - |
| 6 | Access to patient records is | | - | - | 1 | - |

| | | | | | | |
|---|---|-------|---|---|---|---|
| | restricted. | | | | | |
| 7 | Patient records are transported only when necessary, and in line with procedures. | Green | - | - | - | - |

Control Objective Ratings

| Action Ratings | Definition |
|----------------|---|
| Red | Fundamental absence or failure of controls requiring immediate attention (60 points and above) |
| Amber | Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points) |
| Green | Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less) |

Main findings

We identified a number of areas of good practice during the review.

Key relevant policies and procedures are available on the NHS Lothian Intranet, which can be accessed through both eHealth and Information Governance micro-sites. A Records Management Plan is in place, which is required by the Public Records (Scotland) Act 2011 and has been developed by the NHS Lothian Public Records Programme Group and approved by the Corporate Management Team.

Training for staff is provided mainly through the mandatory Information Governance Learnpro module. NHS Lothian's Information Governance Working Group is also developing additional training outwith Learnpro, such as workshops and 1-to-1 training for those staff without access to Learnpro.

We identified two important issues during this review:

- No records have been kept to indicate who has keys for health record libraries at the Royal Edinburgh Hospital or Royal Hospital for Sick Children
- Resource links to records management policies and procedures within the Information Governance Learnpro module do not function, or users are directed to out-of-date policies.

Further details of these are set out in the Management Action Plan.

Management Action Plan

Control objective 1: The patient record management strategies and procedures in place covers all aspects of management of patient records

We found no significant weaknesses in relation to this control objective.

The Public Records (Scotland) Act 2011 requires Scottish public authorities to produce and submit a records management plan setting out proper arrangements for the management of the organisations records to the Keeper of the Records of Scotland for his agreement under Section 1 of the Act. The NHS Lothian Records Management Plan (RMP) sets out the overarching framework for ensuring that NHS Lothian records are managed and controlled effectively.

The RMP includes good practice for staff and managers, listing the principles required in implementing the policy to ensure that records are secure from unauthorised or inadvertent alteration or erasure, and that access and disclosure is properly controlled, and includes:

- Records Manager responsibility;
- Data Protection;
- A competency Framework for records management staff.

The RMP outlines a high level NHS Lothian Improvement Plan to support on-going improvement in the quality, availability and effective use of records across the organisation and provides a strategic framework for all records management activities. The RMP and supporting evidence was submitted to the Keeper in April 2016 and their response to the RMP was expected by the end of 2016. Annual update reports against the Improvement Plan will be submitted to the Healthcare Governance Committee and the Keeper of Records Scotland.

A range of policies and procedures relevant to records management are available through the NHS Lothian Intranet, which can be accessed through both eHealth and Information Governance micro-sites. These include:

- Casenote Maintenance;
- Casenote Tracking;
- Access to Health Records Policy;
- Records Management Policy; and
- Safe Transfer of Records Policy.

It was noted from review of the policies and procedures that NHS Lothian's Information Assurance Strategy has passed its review date (April 2016), but has been subsumed by the Scottish Government's Directorate Letter on Information Governance and Security Improvement Measures, which required Board Chief Executives to implement an operational Information Security Management System that conforms to the NHSScotland Information Security Policy Framework.

Control Objective 2: There are clear guidelines on what patient records should be stored electronically versus paper.

We found no significant weaknesses in relation to this control objective.

A specific intranet site has been developed to advise staff on the Paper Lite project. eHealth have produced a guide document – NHS Lothian Paper Lite Scanning Catalogue, which supports the NHS Paper Lite Programme. It sets out when staff should expect that Health Records Managed casenotes, or current episode paper-work normally filed in these casenotes, will be scanned and available in electronic form.

Each hospital site with a live ecasenotes project (which is the health records scanning aspect of the Paper Lite project) has guidance which can be accessed through the intranet site. Health Records staff can access their respective site to determine what records are to be scanned and held electronically.

| | |
|--|------------------------------|
| Control Objective 3: Adequate and effective training and guidance has been developed to ensure staff are aware of their responsibilities for the management of patient records and able to fulfil their role. | |
| 3.1 Mandatory training requirements are inconsistent and resource links within Learnpro require updating | Important |
| <p>Observation and Risk:</p> <p>All staff working for NHS Lothian are required to undertake a number of mandatory training modules that have been determined essential for the safe and efficient running of the organisation and to comply with policies and government legislation. The Information Governance module includes Records Management and has been designed to provide all staff involved in storing, handling and maintaining health and corporate records with a sound basic knowledge of NHS Lothian Procedures and policies relating to good records management.</p> <p>An Information Commissioners Office (ICO) audit of NHS Lothian's processing of personal data in February 2016 highlighted that training is not effectively mandated, with current figures falling below what the ICO would expect. In response to this, NHS Lothian's Information Governance Working Group has developed an action plan including providing workshops, and training to ensure that NHS Lothian achieves its target to 85% compliance with the training module. The NHS Lothian Information Governance Assurance Board has agreed that the Learnpro module should be completed every 2 years.</p> <p>The Records Management Learnpro module has links to a number of documents to provide staff with additional legislative and procedural guidance. However, the link to the Confidentiality of Personal Health Information Policy opens up a version that is dated 2010, older than the version available through the intranet. The link to the Transporting Casenotes document does not work and the training does not refer to the Information Governance Safe Transfer of Records Policy & Procedure.</p> | |
| <p>Recommendation:</p> <p>Mandatory training modules should be reviewed to ensure that the content is fully up to date, including links to corporate and guidance documents.</p> | |
| <p>Management Response:</p> <p>The Learnpro Information Governance Module was renewed at the end of 2016 and launched with all links accurate and up to date, including access to the Safe Transfer of Records Policy and Procedure and the Confidentiality of Personal Health Information Policy. Transportation of casenotes is covered specifically under Section 3 of the Learnpro module.</p> <p>Management Action:</p> <p>None, action already carried out.</p> | |
| Responsibility: n/a | Target date: Complete |

Control Objective 4: A patient records management system that supports operational efficiency is in place.

We found no significant weaknesses in relation to this control objective.

The Paper Lite programme is underway and is due to be completed in 2017. The programme introduced a casenotes scanning project, which has been introduced to improve operational efficiency around the storing, update and availability of patient records.

The Paper Lite programme is overseen by the Digital Transformation Board and managed day-to-day by a team of Project Managers and Project Officers. Highlight reports summarising the progress of the project, including schedule status, milestones and risks & issues are presented each month at meetings of the Trak Programme Board.

A comprehensive benefit monitoring exercise is currently underway, with published results expected in 2017. Comparison will be made against a number of expected benefits recorded in the programme's business case, including:

- Less time spent filing / managing casenotes by non-Health Records staff;
- Less time to access / find patient information;
- Less time spent by non-Health Records staff filing paper in casenotes;
- Reduce the need for onsite storage of paper casenotes so freeing up space; and
- Improved information governance by reduction in movement of paper casenotes.

Control Objective 5: Governance arrangements are in place to support the timely and appropriate escalation of breaches and non-compliance with the patient records management policy.

We found no significant weaknesses in relation to this control objective.

The Information Governance and eHealth teams undertake a series of activities to identify inappropriate use of clinical systems. This includes FairWarning reports, investigation of complaints, and utilisation of HR data. A suite of FairWarning reports are run on a monthly basis which are analysed to identify inappropriate usage of Trak. Each instance is analysed and a decision on further action is taken. Some instances of unauthorised access to patient records may require the intervention of Human Resources.

Evidence shows a decrease of potentially inappropriate access during the year October 2015 to September 2016, although it is noted that July to September recorded a slight increase in “self snooping” compared to the previous three months (averaging six instances per month against four).

FairWarning reporting is a standing item for notification to the Information Governance Assurance Board, which monitors closely any issues arising from the FairWarning reporting. The Information Governance Assurance Board is chaired by the Director of Public Health and Health Policy (the Board’s Caldicott Guardian).

| Control Objective 6: Access to patient records is restricted. | |
|--|-----------------------------------|
| 6.1: Keys for accessing the health records libraries are not being signed out / in | Important |
| <p>Observation and Risk:</p> <p>In order to access Trak, approval must first be provided by the staff member's line manager. The line manager completes and signs a User ID request which is used by eHealth Systems Administration team to determine the correct level of access for the user, with the completed requests then being held centrally by eHealth Directory Services.</p> <p>Access to record libraries and administration areas is generally well controlled with access controls including keypads, card readers and physical keys. These controls were evident at a number of records stores visited during the audit. However, while keys to access the libraries have been issued to a number of staff at the Royal Edinburgh Hospital and Royal Hospital for Sick Children no records are kept to indicate who has been given keys.</p> <p>Unless controls around the issue and return of keys are in place, there is a risk that health records libraries may be accessed by staff not authorised to do so.</p> | |
| <p>Recommendation:</p> <p>Steps should be taken to ensure that libraries cannot be accessed by staff not authorised to do so. A register should be introduced for the issue and return of keys to health records libraries.</p> | |
| <p>Management Response:</p> <p>Management notes the recommendation and the importance of maintaining the security of Health Records libraries.</p> <p>Management Action:</p> <p>All sites with physical storage of health records will be reminded of the requirement of effective controls around accessing libraries. Where such controls are not already in place, a register for the issue and return of library keys will be set up and maintained.</p> | |
| Responsibility: Head of Health Records | Target date: 31 March 2017 |

Control Objective 7: Patient records are transported only when necessary, and in line with procedures.

Several eHealth policies and procedures are in place to instruct staff on the transportation and tracking of patient notes, including:

- Casenote Tracking;
- Health records Van Service;
- Mail and Portering Services; and
- Transporting casenotes.

The Information Governance Board has also approved NHS Lothian's Safe Transfer and Transmission of Records Policy & Procedure.

The Learnpro Information Governance module has a section within records management on the transportation of casenotes and includes instruction on transportation with patients and transportation with Healthcare Professionals.

The processes followed when transporting patient records were discussed with staff within health records libraries. Where casenotes are sent to other NHS Lothian Sites and via external mail they are transported in sealed envelopes, tracked out electronically and a record kept of the sender and courier responsible for transporting the casenotes.

Portering Services delivers patients' records to wards and clinics. Records are stored in secure trolleys when awaiting collection and are not left unattended at the ward.

Appendix 1 - Definition of Ratings

Management Action Ratings

| Action Ratings | Definition |
|--------------------|--|
| Critical | The issue has a material effect upon the wider organisation – 60 points |
| Significant | The issue is material for the subject under review – 20 points |
| Important | The issue is relevant for the subject under review – 10 points |
| Minor | This issue is a housekeeping point for the subject under review – 5 points |

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