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FAREHAM & GOSPORT PCT  
& EAST HAMPSHIRE PCT  
PATIENT RECORDS  
AD - W20501 / N20501

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Internal  
Audit

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& EAST HAMPSHIRE PCT  
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## EXECUTIVE SUMMARY

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### SCOPE

The review was conducted as part of the 2005/2006 programme. Audit undertook a review of management controls over design, storage, usage, access to, and retention of patient records. The audit reflected on the demands of Data Protection legislation and the Information Governance toolkit.

As part of this review, processes and procedures were reviewed and staff interviewed at the following locations:

Fareham & Gosport:

- Gosport War Memorial Hospital - Outpatients Records Library;
- Rowner Health Centre - District Nursing and Health Visitors.

East Hampshire:

- Petersfield Hospital - Rowan Ward;
- Havant Health Centre - Physiotherapy and Child and Family Therapy.

The objectives of the audit were to assess the controls in place to ensure:

- Records Management Strategy and policy meet organisational needs;
- Patient records are available when required to only authorised personnel;
- Adherence to information governance standards.

### OPINION

As a result of the recent management merger, Fareham & Gosport PCT and East Hampshire PCT are undergoing significant changes in structure and management. Management have recognised the need to introduce a single Records Management Strategy across both PCTs. Audit considers this to be a firm foundation for the future, however further work needs to be done to improve the management of patient records. Both PCTs need to focus on the issue of the storage of patient records, as currently the space available is inadequate and in some cases storage arrangements pose a health and safety risk to staff. Each PCT, in their Self - Assessment Information Governance Toolkit have raised the issue of lack of storage resources as a weakness that they are in the process of addressing. Although PCT staff at the locations tested were complying with guidance, we found that key documented procedures and policies were not always available to them.

Three recommendations are made in this report to assist in the PCTs' achievement of objectives with regard to patient records strategy, management, filing and security.

### RESULTS

#### SATISFACTORY

- Top level strategies exist to direct the PCTs' approach to patient records management.
- Public access to patient records is restricted and lockable cabinets are used in designated office areas.
- Staff are aware of the confidentiality issues around patient records.
- Operational managers have established routines to ensure the safe return of the PCT's medical records to storage.
- Only authorised personnel have access to the PCTs' Patient Records Library.

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- A tracing system exists to identify the whereabouts of records sent, both within and outside the hospitals.
- Patient records are clearly labelled and filed correctly.
- A system exists to prevent the creation of duplicate patient records.
- Patient records contain regular, dated and signed medical notes, are adequately bound and papers are filed in accordance with the index.
- A guidance and procedures manual is in place covering access to personal records. This is three years old but is currently under review to update and improve it.

**AREAS FOR IMPROVEMENT**

- |  | <b>RISK</b> |
|--|-------------|
| <input checked="" type="checkbox"/> The existing Records Management Strategy does not take into account the new structure of the cluster and sufficiently support the introduction of electronic systems and computerised records. | Medium      |
| <input checked="" type="checkbox"/> Not all of the sites have key documents, such as the policy on the handling, control and security of patient records, available to staff.  | Medium      |
| <input checked="" type="checkbox"/> All of the premises visited were overloaded with archived files, in some cases putting staff safety at risk and potentially breaching Health & Safety Regulations.                             | High        |

**POINTS TO NOTE**

*Those areas for improvement that do not represent a control weakness but could lead to more effective communication have been noted within this section.*

**RECOMMENDATIONS**

*Three recommendations have been made, which are listed in the Audit Findings. These have been discussed and a response agreed with the appropriate Trust staff.*

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## POINTS TO NOTE

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### *Note 1*

Staff interviewed at a number of different locations expressed the opinion that training on how to operate standard office programs such as WORD and EXCEL would be beneficial to them. Management should consider offering non-mandatory training on basic PC skills to staff who identify PC skills as a development need.

### *Note 2*

There is a joint Informatics Strategy Document for the PCTs. The document is very comprehensive, quite lengthy and has a wide scope. Information governance roles and responsibilities are set out, but this a small part of a large document. The policy for Information Governance would be more clearly communicated if it was issued as a stand-alone document.

### *Note 3*

Guidance on access to personal information (for example a subject access request under the terms of the Data Protection Act, or a police or social services enquiry) is available as a written document dated October 2002. This is now in need of review to ensure that it is up to date, and Audit note that this is now underway. As part of the outcome of this review it would improve staff awareness if a list of local designated persons for dealing with Subject Access Requests was created and effectively communicated on each site so staff know where to direct requests.

### *Note 4*

Audit found that the Information Governance Policy and the Records Management Policy are due for review as of August 2005, and the Access to Personal Records (of patients, staff, etc) Guidance and Procedures Manual was last updated in October 2002.

These policies should now be reviewed to ensure they provide an up to date source of reference for the resolution of queries, provide a basis for staff training and act as definitive guides on process and policy.

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## THE AUDIT REPORT

Rec. No.	Audit Finding	Recommendation	RISK	Management Action Plan	Person responsible	Action Date
<b>Control Objective1: To ensure the Records Management Strategy and policy meet organisational needs.</b>						
1	Audit found that there were appropriate policies and procedures supporting Records Management Strategies in each of the PCTs, however these strategies reflect the previously independent nature of the PCTs and do not take into account the recent management merger and the need to work collaboratively across the health community, particularly in support of electronic and computerised records.	<i>The existing Records Management strategy should be reviewed, revised and updated to meet the joint requirements of the PCT cluster and provide a consistent approach to records management.</i>	Medium	<i>A single Records Management strategy will be devised for the cluster, with the needs of the PCTs, local health community and National Programme for IT (NPfIT) fully considered.</i>	Beverly Carter, Cluster Records Manager	30 November 2005
2	Whilst staff awareness of the procedures for handling, control and security of patient records was found to be satisfactory, no written procedure was available confirming the requirements at Havant Health Centre and Rowner Health Centre.  Audit established staff are aware of the Patient Consent Guidance, however not all of the sites visited had the Patient Consent Guidance document available	<i>Policies and Procedures on the handling, control and security of patient records should be made available to staff on all sites.</i>	Medium	<i>All policies and procedures relating to Records Management will be reviewed and updated before widely disseminating. Training sessions will also be arranged in support of the new documentation.</i>	Beverly Carter, Cluster Records Manager	31 March 2006

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Rec. No.	Audit Finding	Recommendation	RISK	Management Action Plan	Person responsible	Action Date
	<p>Good Practice in Consent Implementation Guide states: "...Circular HSC 2001/023 makes clear that both consent forms and consent policy should be recognisable across the NHS."</p> <p>If these key policies are not distributed to all staff, there is a risk that the correct procedures for the management of patient records will not be applied.</p>					
<b>Control Objective3: To ensure adherence to Information Governance standards.</b>						
3	<p>Patient records were found to be inappropriately stored at various sites across the PCTs. Files were found to be stored in boxes kept on high shelves. In some cases boxes were exceeding the normal manual handling weight threshold.</p> <p>In order to prevent injury to staff and breach of health and safety regulations there is a need for the PCTs to provide adequate storage for patient records.</p>	<p><i>An action plan should be developed to ensure there is sufficient storage accommodation for patient records for the required minimum retention periods and to allow for the annual growth of new records.</i></p> <p><i>Resources should be made available to provide sufficient storage space.</i></p>	High	<p><i>Estates Dept to devise a plan to provide adequate records storage, as per the needs identified in the new strategy (see line 1). A collaborative approach, working with other local trusts, will be considered owing to the need to work in partnership in respect of NPfIT and interim solutions i.e. EDM project (LIM).</i></p>	<p><i>Ann Smith, Director of Operational and Corporate Services</i></p> <p><i>Ted Griggs, Associate Director Estates and Facilities</i></p>	31 March 2006