



AGENDA ITEM

5.4

DIGITAL AND DATA COMMITTEE

MEDICAL RECORDS ASSURANCE REPORT

Date of meeting	13 March 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Bethan Marsh Clinical Records Modernisation Programme Manager
Presented by	Matthew Swarfield Head of Clinical Admin Transformation
Approving Executive Sponsor	Stuart Morris Director of Digital
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Information Governance Group	9 March 2023	TBC

ACRONYMS

DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
POW	Princess of Wales Hospital

1. SITUATION/BACKGROUND

This report summarises the current position regarding the following:

- 1.1 The number of missing medical records;
- 1.2 Casenote availability audit
- 1.3 Casenote Movement
- 1.4 Medical Records incidents
- 1.5 Record storage at Princess of Wales

Information in this report relates to general hospital medical records and the maternity record, unless stated otherwise.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Missing medical records and management of these incidents

There are currently **34** missing records known to the Medical Records Department.

Number	Situation	Supposed location	Action
17	Apparent misfiles	Williamstown Hub	Periodic searches ongoing
16	Location unknown	Various hospital areas	Periodic checks ongoing
1 Maternity	Sent in 2013 by Ante Natal Dept. without recording box number.	Llangennech Offsite Store	Multiple boxes searched. Unable to search further as no resource.

This information is provided from reports made to the senior Medical Records Team. There may be other records missing, of which the team are currently unaware.

2.2 Casenote Availability Audits

RGH AMU Ward 4, audited on 5/3/23

Number of patients on ward	28	
New digital patients – immediate availability (no notes)	0	0%
Digital patients (immediate availability)	10	36%
Notes provided within 24 hours	16	57%
Notes provided within 48 hours	2	7%

RGH Medical Records Admissions Office monitors admissions and requests notes pro-actively.

March 2023 Outpatient Audits

Randomly selected clinics were audited for the following sites. The audit took place 24 hours before the clinic.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD										
MEDICAL RECORDS CASENOTE AVAILABILITY AUDIT -							Month: Feb/March		Year: 2023	
Clinic Date	Consultant	Speciality	Hospital	Number of patients expected	Digitised Notes	paper records	Casenotes available 24 hours before clinic	Casenotes unavailable 24 hours before clinic	% available PER SESSION	% unavailable PER SESSION
14/02/2023	Woolley	Thoracic	POW	12	0	12	11	1	91.7%	8.3%
14/02/2023	Backhouse	ENT	POW	21	0	21	20	1	95.2%	4.8%
14/02/2023	McMillan	Oncology	POW	3	0	3	3	0	100.0%	0.0%
02/03/2023	Havard	Surgery	RGH	7	0	7	6	1	85.7%	14.3%
02/03/2023	Humphreys	Rheumatology	PCH	33	13	20	32	1	97.0%	3.0%
02/03/2023	Kyriakos	Orthopaedics	YCC	12	1	11	12	0	100.0%	0.0%
02/03/2023	Julie Martin	Dermatology	YCR	7	1	6	7	0	100.0%	0.0%
03/03/2023	Humphreys	Rheumatology	DSH	8	1	7	7	1	87.5%	12.5%
Totals				103	16	87	98	5	95.1%	4.9%
1 Temp set for Woolley in clinic. Temp set has been in use since 2018										
1 Temp set in clinic for Backhouse Acute set inaccessible offsite.										
1 in transit for Havard - due to arrive in time for clinic										
1 for Humphreys needed from another recent clinic - due to be available in time										
1 for Humphreys in transit from Hub - due in time										

2.3 Paper Casenote movement

A summary of record movements in and out of the Hub Library is shown below and we will explore options to report similar information for Princess of Wales Library areas. The number of paper records moved continues to decrease in line with the progress of digitisation. Work related to day-forward scanning continues to increase.

Hub paper notes movement	Sep 2020 Benchmark			Feb-23		
	outgoing	incoming	total	outgoing	incoming	total
Live	31,161	25,349	56,510	10,831	12,223	23,054
Archive	2,348	6	2,354	1,396	682	2,078
Deceased	560	923	1,483	183	300	483
Maternity	714	739	1,453	45	1	46
Quarantine	18	123	141	-	-	0
CTM Scanning Bureau	0	0	0	15328	19290	34,618
GBS Commercial Scan Bureau	0	0	0	2782	2425	5,207
Total	34,801	27,140		30,565	34,921	65,486
No of digital patients			3,000			117,656
Number of digital legacy records			5,000			123,632

2.4 Medical Records Incidents

1 x Manual Handling incident in the Records Hub

Stack of boxes shifted whilst a box was being moved. External contractor had stacked boxes contrary to procedure. Minimal injury occurred and contractor made aware of the incident.

20 x Healthcare record not available

Result: Patients attended clinic but their previous "day forward" attendance notes had not been scanned into the Digital Patient Note in time for the current and patients were seen and assessed without the full information. In some cases, this delayed clinic running time. These were mostly Ophthalmology / Macular Clinics. There is a significant delay in scanning day forward records; this is being monitored and reported, with commercial support now in place to reduce the delay. A mitigation measure to fast-track the patients in question was implemented but does not appear to have been adopted fully for the patients in question. A support visit to the Department has since taken place to ensure the process is followed, to avoid a recurrence.

1 x apparent theft of money at the Records Hub

£10 left for several months in an unlocked drawer in a hot-desk area. On checking, the money was not present. Staff advised to keep money / valuables in lockers or locked drawers in future.

2 x wrong patient information found in digital records

Reported from clinical areas. Insufficient information available to investigate; due either to incorrect documentation received, or an error in the ingestion process. Further information requested to investigate and take corrective action, if not already completed at the time of reporting.

1 x summary incident report to be logged for 347 incidents of misfiled/misidentified patient documents found October 22 to February 23

A total of 855 incidents of documents found to date from February 2021 to 1st March 23.

449 incidences were found from October 22 to February 23, included in the above total. Of note, the volume of scanning has increased during February, therefore for more material is being checked.

These misfiled paper documents are removed from the wrong patient file and placed / scanned into the correct patient record. Any scanned images in Cito are moved to the appropriate record. If it cannot be identified to which patient the document actually relates, it will be returned to source for the patient identity to be clarified. The volume of these incidents prevents individual Datix reports. This matter will now be escalated to the Medical Director and Executive Director of Nursing, to address with clinical and administrative staff responsible for creating and filing clinical documents. The most serious cases are reported via individual Datix reports.

2.5 RECORD STORAGE

2.5.1. Princess of Wales and Bridgend record storage areas

An extensive programme of work has been undertaken by staff and contractors to redistribute notes across the 3 Bridgend Library sites (POW, Offsite store and Glanrhyd). This is still ongoing to redistribute the notes into the areas where space had been made. Although massive improvements have been made and the library is a much safer, efficient working environment, there is no room for growth and some areas are already full. There has also been a further issue with a different area of racking failing and being difficult to access: an engineer call is expected to replace parts. There is now a need to identify further storage solutions to ensure we do not encounter the same problems in the short term. As noted previously, this needs to be the next phase of work by the Task and Finish Group.

2.5.2. Infected Blood Inquiry – record destruction embargo

The Infected Blood Inquiry is coming to a close and there is a likelihood the record destruction embargo can be lifted but this will be assessed on an individual organisation basis. A check on the total number of requests is under way before submitting a request to the Inquiry for CTMUHB to recommence legal record destruction in line with national record retention guidelines. It should be noted that there will be an extensive programme of work to identify and destroy the backlog of retained records. There may be a requirement to identify specific long-term clinical conditions for extended retention, which will need to be included in the identification process. The current requirements and process will be scoped and planned shortly.



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 RISK - FILING OF INCORRECT PATIENT DOCUMENTATION

There continues to be a high level of incorrectly filed material received for day forward scanning, where documents relating to one patient are found in the record of another patient. As previously reported, the correct patient does not have the full information included in their record and the incorrect patient has information relating to another individual’s health condition in their record. This has the potential to affect treatment decisions and care received by either patient. It is also noted that this presents an information governance risk of this information being disclosed in error.

Two Band 4 staff were seconded as Band 4 Patient Records Quality Officers, from January 22 to March 23, visiting clinical and administrative areas to emphasise the importance of getting this right, along with support for the use of the digitised records and software. Despite visiting areas for this time, the errors continue. Given the consequence for patient safety and the delaying effect on the day-forward scanning, it is proposed that senior clinicians are now involved, to include the Medical Director and Executive Director of Nursing. This has been taken forward with support from the Director of Digital.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Timely provision of accurate information for patient care. Safe systems of identifying patient records and robust systems of record keeping.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: <ul style="list-style-type: none"> • Safe Care • Staff and Resources
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Choose an item.
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.



	If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required; this is not a new policy and measures apply equally to every patient
Legal implications / impact	Yes (Include further detail below)
	General Data Protection Regulations
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Staff revenue costs of secondments
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The committee is requested to:

- **NOTE** measures to manage/report missing medical records
- **NOTE** the audit results of casenote availability;
- **NOTE** the report on casenote movement and growth of digital patients
- **NOTE** the Medical Records incidents, including misfiling of patient documentation and the risk this presents to patient care and information governance and options to escalate.
- **NOTE** the work done to improve safety and capacity at the POW Library