Medical Records Report – July 2012
Within Medical Records there have been multiple issues for a considerable time. Availability of records for patient contacts, health and safety of medical records staff, confidentiality of records and filing of information in notes have all been causes for concern. In addition, notice was given on off-site storage requiring new storage to be sourced.

<table>
<thead>
<tr>
<th>Workstream</th>
<th>Responsibility</th>
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</thead>
<tbody>
<tr>
<td>Re-organisation of medical records storage</td>
<td>Christine Bellis</td>
</tr>
<tr>
<td>Development of medical records policy framework</td>
<td>Janine Harrison</td>
</tr>
<tr>
<td>Relocation of Hortonwood records capacity</td>
<td>Janine Harrison/Chris Needham</td>
</tr>
<tr>
<td>Medical Records Governance</td>
<td>Andrew Stenton/Ewan Craig</td>
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<tr>
<td>Future Strategy</td>
<td>Andrew Stenton/Neil Nisbet</td>
</tr>
</tbody>
</table>
Health Records reorganisation. Reviews of Health Records capacity have identified significant risks to staff safety for some time. Records themselves have been stored in a manner which makes efficient operation difficult. The Ophthalmology and Access Centre have made significant progress in resolving these issues.

### Reorganisation of Health records storage - summary

The department have implemented a retention policy which has allowed the culling of a significant number of notes, somewhat reducing pressure on the system. Additional racking has been installed and a systematic filing system enforced.

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Dates</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment of Health Records Manager (interim)</td>
<td>Completed</td>
<td></td>
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<tr>
<td>Health Records SOPs in use</td>
<td>Completed</td>
<td></td>
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<tr>
<td>Training of staff in libraries</td>
<td>Completed</td>
<td></td>
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<tr>
<td>Library staff Induction in place</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Security of libraries – locks in place</td>
<td>Completed</td>
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</tr>
<tr>
<td>No storage on floors or high level</td>
<td>Completed</td>
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</table>

### Progress to date

- Major risks addressed

### Next steps

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### Risk / Issue

<table>
<thead>
<tr>
<th>Risk / Issue</th>
<th>Mitigating action</th>
<th>RAG</th>
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<tbody>
<tr>
<td>Non-compliance to policies by staff</td>
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<tr>
<td>Continued growth of records</td>
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Policy framework for the Trust encompasses all aspects of maintaining good records which capture relevant information informing clinicians and allowing high quality patient care. A clear framework also provides the mechanisms whereby to ensure that records are available for clinical contact with patients. The policies should also take into account legal requirements for record retention whilst ensuring that retained records are stored securely.

The Health Records Policy Framework.

In order to ensure that Health records fulfil their purpose they should be complete and available. To ensure that this is the case, existing policies, procedures and guidelines require updating. These should encompass security, retention and filing guidelines.

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Dates</th>
<th>Owner</th>
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</thead>
<tbody>
<tr>
<td>Internal Library SOP</td>
<td>Completed</td>
<td></td>
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<tr>
<td>Health Records Policy available</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Agreement on the policy</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Implementation of new Health Records Policy</td>
<td>October 2012</td>
<td></td>
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</table>

Progress to date
- New Health Records Policy complete and ratified.

Next steps
- Implementation of Policy to take place October 2012
Relocation of Horton Wood Capacity

In March 2012 the Trust was given a six months notice to vacate the Horton Wood facility. Advantage is being taken of this move to remove both culled medical records and other time expired stored records.

Approach.

The need to vacate Horton Wood created a significant issue to be resolved, which fell at a point where implementation of an agreed improvement plan was beginning. As a result management and staff time has been diverted to resolve this unexpected change.

This event has presented housekeeping opportunities, which have been taken.

The alternative capacity identified at Queensway requires fitting out, roller shelving has been specified in order to make best use of the available space.

Milestones

<table>
<thead>
<tr>
<th>Milestones</th>
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<th>Owner</th>
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</thead>
<tbody>
<tr>
<td>Identification of records to destroy</td>
<td>Completed</td>
<td>C Bellis</td>
</tr>
<tr>
<td>Destruction of time expired records</td>
<td>Completed</td>
<td>C Bellis</td>
</tr>
<tr>
<td>Identification of records to be moved</td>
<td>Completed</td>
<td>C Bellis</td>
</tr>
<tr>
<td>Capital work to be completed at Queensway</td>
<td>Completed</td>
<td>C Needham</td>
</tr>
<tr>
<td>Move of records and staff</td>
<td>Completed</td>
<td>C Bellis</td>
</tr>
</tbody>
</table>

Progress to date

- Alternative location identified
- Removal and destruction of 16 tonnes of confidential materials
- Order placed for shelving at Queensway
- Agreement with staff of new location and working arrangements
- Arrangement of transport
- Records prepared for move
- Records have been moved

Next steps

- Hortonwood to be made ready for handover back to landlord

Risk / Issue

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Medical Records Governance – in order to ensure that policies are policed and reviewed there is a need for a strong Governance structure within the Trust. This structure should be designed to encompass a growing electronic medical record and link to Callicott and other requirements.

**Approach.**

The Trust has had a Medical Records Committee which has been clinically led. This has fallen into disuse and needs revitalizing as the Health Records Committee to allow ownership from all health care professionals.

This group should also take into account the needs of business continuity and link to other change management initiatives within the Trust such as telemedicine and strategic changes within the laboratory service.

**Milestones**

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<tr>
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<tbody>
<tr>
<td>Health Records committee reinstated</td>
<td>Completed</td>
<td>J Harrison</td>
</tr>
<tr>
<td>Revised ToF available following development of Health Records Policy</td>
<td>Completed</td>
<td>Ewan Craig</td>
</tr>
<tr>
<td>Review of Health Records Committee</td>
<td>Completed</td>
<td>Ewan Craig</td>
</tr>
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</table>

**Progress to date**

- Interim Health Records Committee in place chaired by Dir Ops

**Next steps**

- Development of ToR for Health Records Committee taking into account new Health Records responsibility and wider remit.

**Risk / Issue**

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<tr>
<td>Lack of Health Records Committee allows drifting of performance.</td>
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