

# Records Management System - Implementation Review

## Internal Audit Report

2024/25

Public Health Wales NHS Trust



Reasonable Assurance

### Contents

Executive Summary .....	1
Findings & Agreed Action Plan .....	3
Appendix A .....	10

<b>Review Reference</b>	PHW-2425-08
<b>Fieldwork</b>	October to December 2024
<b>Executive Sign Off</b>	January 2025
<b>Audit Committee</b>	January 2025
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# Executive Summary

## Purpose

The purpose of our review was to consider how Public Health Wales NHS Trust's (the 'Trust') new approach to records management is embedding.

## Background

Our audit review of the implementation project of the new records management system was in line with the 2024/25 internal audit plan for the Trust.

The Records Management Code of Practice for Health and Social Care<sup>1</sup> was published in February 2022 and is a guidance to relevant authorities on their obligations in relation to good records management, including keeping, managing, and destroying records. Following the code of practice will help the Trust comply with the legislation.

In 2021 a baseline assessment of the Trust's records management provision was completed which highlighted areas where the Trust needed to improve in order to comply with the code of practice. The Trust has implemented a three phased programme approach for records management. The Trust has completed the first two phases of the programme, and at the time of our fieldwork was implementing phase 3: understanding the implementation of the solutions and rolling out to areas of the Trust.

In February 2024 the Trust undertook an internal assurance review of the records management project with the aim to provide a 'Delivery Confidence Assessment' on the implementation of the project. This internal assessment considered the project to be 'amber/green' status, with a planned successful delivery (i.e. rollout of SharePoint to directorates as an electronic document and records management system) by March 2025.

We have concluded reasonable assurance on this area with a number of matters requiring management attention:

- Development of the staff records guidance and records of exception as planned.
- Consistency in reporting the records management implementation update.
- Update of records management risk register.
- Consideration to risk exposures due to limited resources within the Records Management Team for ensuring compliance and quality assurance of the records management system post-implementation.
- Review and improve the current mechanisms for recording and sharing of lessons learnt.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

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<sup>1</sup> <https://www.gov.wales/sites/default/files/publications/2022-03/records-management-code-of-practice-for-health-and-social-care-2022.pdf>

## Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 The Trust has appropriate policies, procedures and guidance in place for the management of records that encompasses the full records lifecycle	1,2	<b>Reasonable</b>
2 There are plans to support and train staff with the key principles of the records management system to ensure record quality is maintained with documentation and records being kept to an appropriate standard		<b>Substantial</b>
3 The records management project team provides regular updates to the Trust on the implementation of the records management system, detail of project setbacks, emerging risks and challenges for resolution including progress on the actions raised in the Mini Gateway review	3,4	<b>Reasonable</b>
4 The Trust has agreed an approach to sustain the administration of the records management system post-implementation with resources in place to ensure continued oversight of compliance with legislation	5	<b>Limited</b>
5 There are mechanisms in place to ensure lessons learned are being identified, discussed and shared across directorates as part of the rollout of the records management system	6	<b>Reasonable</b>

## Summary of Management Actions

**1**

### High Priority

Information & Data Management [Control Operation]

Choose an item.

**5**

### Medium Priority

Policies & Procedures [Control Design]

Governance [Control Operation]

Risk Management [Control Operation]

Lessons Learnt [Control Operation]

Control **Design** Issues: Inadequate or poorly designed controls that do not address risks

Control **Operation** Issues: Controls that are not executed correctly or consistently

# Findings & Agreed Action Plan

**Objective 1:** The Trust has appropriate policies, procedures and guidance in place for the management of records that encompasses the full records lifecycle

**Reasonable**

## Overview / Summary of Observations:

The Trust has a records management policy and procedure which was last approved at the Audit and Corporate Governance Committee May 2024. There is also guidance on the creation, retention and destruction of records. The guidance, which was approved by the project board, is a 'how to do it' document, of how records management is to be done, rather than what is to be done. The policies, procedures and training guides are available to staff via the Trust's SharePoint site.

At the time of our fieldwork, the Trust was developing guidance specifically for staff records. We understand that it is at the final stages of review, before sign-off by the project board.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Staff records guide</b></p> <p>We understand that staff have developed their processes on how to do things and some of the storage system may not be in accordance with UK General Data Protection Regulation (GDPR). We note that a guidance for staff records is under development which should provide an organisational and standard process.</p>	<p>Non-compliance with legislation</p>	<p>Agreed Action:</p> <p>Management should ensure that the guide is approved, published and communicated to staff for awareness.</p>
<p>Theme: Policies &amp; Procedures</p>	<p><b>Medium Priority</b></p> <p>Control Design</p>	<p>Expected Evidence of Implementation:</p> <p>Approved and published staff records guide.</p> <p>Officer: Records Management and People and OD</p> <p>Date: March 2025</p>
<p>2 <b>Development of the record of exception</b></p> <p>There is a register of records repository which was used before the implementation phase of the project to collate the various sources of records held by the Trust. We understand that this will be replaced with a record of exception to identify records held outside of SharePoint. Annex three within the records management procedure has a link to the repository.</p>	<p>Non-compliance with legislation</p>	<p>Agreed Action:</p> <p>Management will develop the record of exception and remove the register of repository from SharePoint when no longer relevant.</p> <p>The procedure should also be updated as required to reflect the relevant document.</p>

		<p>Expected Evidence of Implementation: Production of a record of exception and removal of the register of repository.</p>
	<p><b>Medium Priority</b></p>	<p>Officer: Records Management and wider Directorate/Teams</p>
<p>Theme: Policies &amp; Procedures</p>	<p>Control Design</p>	<p>Date: March 2025</p>

**Objective 2:** There are plans to support and train staff with the key principles of the records management system to ensure record quality is maintained with documentation and records being kept to an appropriate standard.

**Substantial**

### Overview / Summary of Observations

The Trust's Sharepoint has a dedicated records management page where resources can be found, such as policies and procedures and training materials. There are two levels of training:

- The end user: This involves basic records management training.
- Super user: These are relevant to staff within the areas that may be responsible for customising and maintaining their own records.

Records management training sessions were originally provided by an external supplier, which was used to develop the Trust's current internal training.

All staff are required to undertake information governance statutory and mandatory training. We note that this includes conceptual elements of record management, addressing how staff should handle confidential information.

We note that directorates and divisions have the delegated responsibility for identifying staff required to undertake end user/super user records management training, and for ensuring that the training has been completed.

In addition the records management team maintain training logs of all staff that has undertaken the records management training. This data is retained for informational purposes, with training activity reported to the project management board.

**Objective 3:** The records management project team provides regular updates to the Trust on the implementation of the records management system, detail of project setbacks, emerging risks and challenges for resolution including progress on the actions raised in the Mini Gateway review.

**Reasonable**

### Overview / Summary of Observations

The Trust’s records management procedure requires the Business Executive Team (BET) to nominate departmental representatives to liaise with the head of records management and information governance.

The records management project board meets once a month. The meeting includes the project team, representatives from the communication team and the Project Management Office (PMO). We read the agenda and minutes for August, September and October 2024, alongside the terms of reference which were last revised in June 2023, and are now due for review. We confirmed that the minutes provided evidence of the project board’s action log and projects progress updates.

The BET and the Audit and Corporate Governance Committee receive a quarterly information governance performance report, which includes updates on the information governance training and records management project update. While BET and ACGC should receive quarterly update reports we did not see this for all of the quarters that we tested.

The records management implementation project has a risk register. We confirmed that the risk register was a standing agenda item in the project board minutes that we tested. We understand that the head of records management/ project manager review the risk register every month at the project board meetings. Where there are changes to risk information, these are marked as reviewed within the risk register.

### Project plan

The head of records management provides verbal and written report updates on the records management implementation project at the business and planning leads meeting.

### Mini Gateway Review

A ‘mini gateway review’ was an internal review undertaken by the Trust. The review examined Phase two of the project: the implementation of SharePoint Online, as of January 2024. It assessed the overall programme delivery, governance and assurance. The level of Delivery Confidence Assessment for this project was amber/green meaning, ‘successful delivery appears probable’. There were twelve recommendations, six good practices, four lessons learnt and five areas for consideration. In May 2024, the Project Management Board agreed that actions arising from the mini gateway review would be monitored through the records management Risk, Actions, Issues and Decision (RAID) log.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Governance arrangements</p> <p>The project board’s ToR was last revised June 2023 and is due for review.</p> <p><u>Business Executive Team (BET)</u></p>	<p>Inadequate monitoring and scrutiny mechanisms for records</p>	<p>Agreed Action:</p> <p>Management should ensure there is a regular and periodic system of reporting of the records management implementation.</p> <p>The terms of reference for the project board will be reviewed.</p>

	<p>We did not see evidence of the Information Governance Performance quarterly report presented to BET for Q3 (2023/24) or Q1 &amp; Q2 of 2024/25.</p> <p>A records management project update is reported to BET every six months, although we did not see this report for January 2024.</p> <p><u>Audit and Corporate Governance Committee</u></p> <p>We did not see evidence that the information governance report covering the period for Q1 and Q2 of 2024/25 had been presented to the Committee.</p>	<p>management project.</p>	<p><b>Expected Evidence of Implementation:</b> Consistency in the reporting and update of the records management implementation to the committees.</p> <p>Terms of reference is reviewed and updated.</p>
	<p>Theme: Governance</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p>Officer: Records Management</p> <p>Date: March 2025</p>
<p>4</p>	<p><u>Update of the risk register</u></p> <p>Our review of a sample of three monthly project board minutes identified two months where it was not clear that the risk register had been reviewed.</p> <p>We also saw one instance where the risk treatment, mitigating actions, timescale and risk scores were not complete.</p>	<p>Risks materialise because have not been identified or adequately managed.</p>	<p><b>Agreed Action:</b></p> <p>Management should ensure risk registers are adequately maintained, updated regularly.</p> <p><b>Expected Evidence of Implementation:</b> Discussion on the risk register updates at the project board meeting and reflection of update within the risk register.</p>
	<p>Theme: Risk Management</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p>Officer: Head of Records Management</p> <p>Date: January 2025</p>



**Objective 4:** The Trust has agreed an approach to sustain the administration of the records management system post-implementation, with resources in place to ensure continued oversight of compliance with legislation.

**Limited**

Overview / Summary of Observations

At the start of the project, the project team estimated the resource need, and as such had initially not anticipated using support from the communications team and the Project Management Office (PMO) team. However, we understand that as the project developed, the anticipated resource need has increased. For example there has been an increase in the use of the Collaborative system and the use of SharePoint space.

The project plan includes an audit review of the use of records management information within SharePoint. This will form part of post-project implementation quality assurance/compliance work undertaken by the records management team.

The records management team provide support to staff on records management matters. Going forward, if there are changes to legislation or retention periods, they will be responsible for providing updates to staff. We understand that there are ongoing resource discussions for the post project period to meet the proposed records management need.

Key Findings	Risk & Impact	Agreed Management Action
<p>5 Limitation of available resources</p> <p>Management have identified further resource beyond the end of March 2025 that will deliver enhanced quality assurance and compliance to deliver additional benefits which the programme has identified.</p> <p>However, at the time of our fieldwork, the Trust was yet to agree an approach to address the resource gap.</p>	<p>Non-compliance of the legislation</p> <p>Inability of the project team to complete required task and maintain required standard.</p>	<p>Agreed Action:</p> <p>A resource review of the records management team will be undertaken to ensure that there is capacity to meet and sustain future demands following the completion of the records management project. The Records Management Team will play a key guidance/support role and be responsible for overseeing compliance and quality assurance of the records management system.</p> <p>In the event that resource gaps are not addressed, the relevant exposure to risk should be documented within the Risk Register and mitigated against accordingly.</p> <p>Expected Evidence of Implementation:</p> <p>Timely completion of resource review for records management team.</p>
<p>Theme: Information &amp; Data Management</p>	<p><b>High Priority</b></p> <p>Control Operation</p>	<p>Officer: Head of Records Management</p> <p>Date: March 2025</p>

**Objective 5:** There are mechanisms in place to ensure lessons learned are being identified, discussed and shared across directorates as part of the rollout of the records management system.

**Reasonable**

Overview / Summary of Observations

The project team keeps an issues log, and Frequently Asked Questions (FAQ) on the Trust’s record management SharePoint site, which have been developed from issues raised previously.

The Trust undertakes organisational learning sessions, which is the medium that key leads discuss issues and concerns with the project team, with an aim to address these concerns.

The head of records management attends the monthly business & planning leads meeting when required, but at least quarterly to provide an update.

The arrangements provide a framework for identifying lessons learnt throughout the records management system project implementation.

Key Findings	Risk & Impact	Agreed Management Action
<p>6 Maintenance of a lessons learnt Log</p> <p>Noting the above process, there does not appear to be a formal co-ordinated approach to lessons learnt that ensures that they are appropriately actioned. Lessons learnt from previous phases through to the implementation within the directorates were not documented.</p> <p>Our testing identified a matter in the minutes for the September 2024 project board, which was to be added to a lessons learned record, but this does not appear to have happened.</p> <p>Lessons learnt were highlighted within the assurance report produced in April 2024, however, there was no evidence of discussion or how this was followed through for further consideration by the project team or board. We acknowledge that the minute identify an intention to undertake a lesson learnt exercise at the end of the project.</p>	<p>Matters slip through the system without being resolved</p> <p>Repetition of unresolved matters.</p> <p><b>Medium Priority</b></p>	<p>Agreed Action:</p> <p>Management should ensure that lessons learnt appropriately documented and actioned through the life cycle of a project. In relation to this project a lesson learnt report should be prepared.</p> <p>Expected Evidence of Implementation: Availability of a lessons learnt log</p> <p>Officer: Head of Records Management</p> <p>Date: March 2025</p>
<p>Theme: Lessons Learnt</p>	<p>Control Operation</p>	

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

