Booster Shot
Taking the Sting Out of Records Management in the NHS

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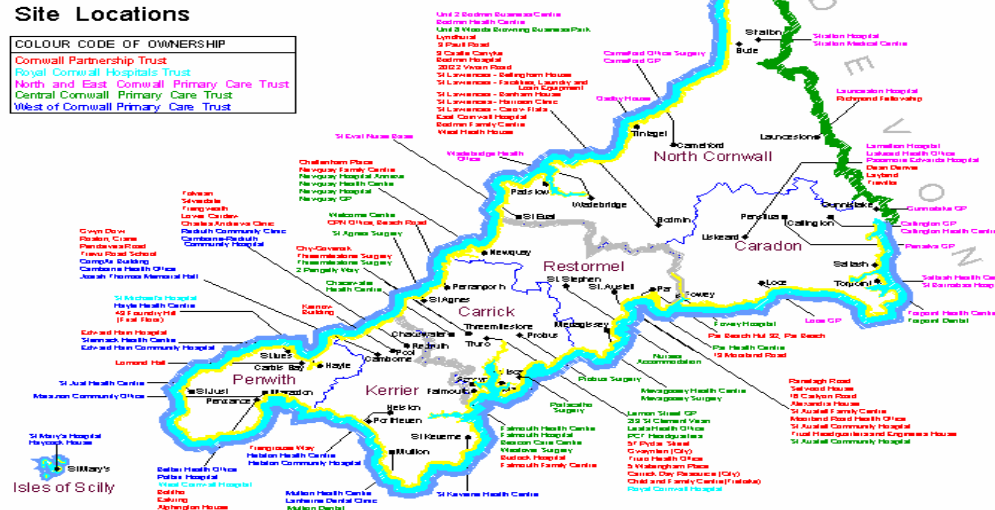Megashed   RCHT

NHS Coverage across Cornwall

- 9,500 large workforce
- Community = 500,000 residents
- 3 Primary Care Trusts = 80 GP surgeries & 11 Community Hospitals
- 1 Royal Cornwall Hospitals Trusts = Acute Services on 3 sites across Cornwall
- Cornwall Partnership Trust (CPT) = mental health, drug, & learning disabilities services
- September 2006 = 3 PCTs into 1 PCT

Cornwall Health Properties
(December 2002)
Site Locations

1. Why it Hurts: Compliance Arena

- Trust Structures – Acute PCTs CPT Shared Services
- Business & Legal Requirements
- E-Government
- Clinical, Corporate & Information Governance
- NEW: Standards For Better Health (S4BH)
- Assurance Framework & Risk
- Surviving Scrutiny form:

  - Public
  - Media
  - Stakeholders
  - Professional bodies e.g. HcC DoH SHA ICO

Unveiling S4BH

NHS

Safety

Care Environment & Amenities

Clinical & Cost Effectiveness

Public Health

Accessible & Responsive Care

Governance

Patient Focus
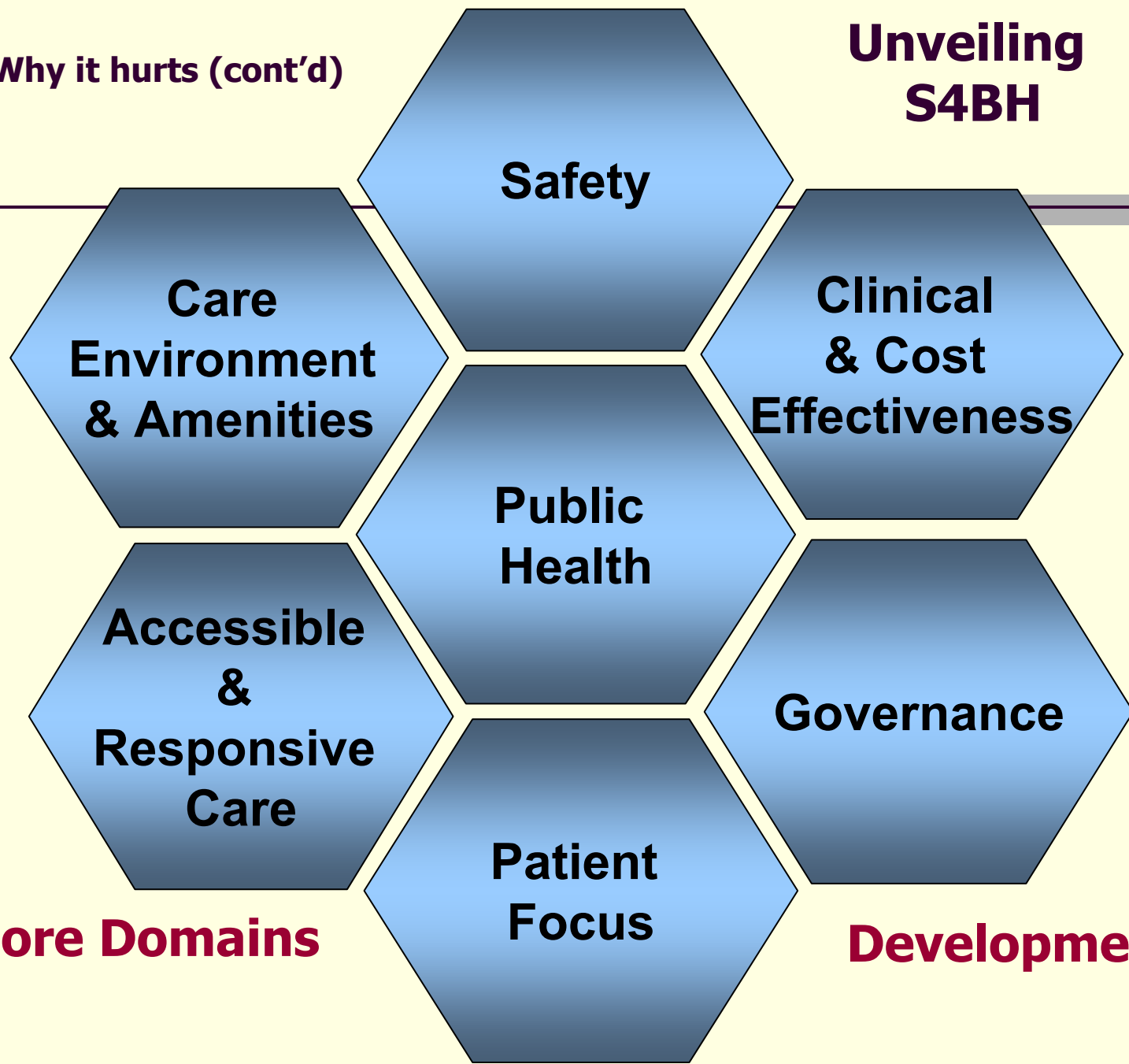
Core Domains

Developmental

What is S4BH 'Evidence'?

- Many types of 'evidence'

- Quantitative or qualitative or a mix

- Generated internally within Trusts e.g. minutes, strategies, policies, audits, surveys, newsletters, training programmes & attendance registers, action plans, progress reports, emails & even conversations!

- Result from Trust information reported externally e.g. DoH returns, activity data, financial data, health & safety reports

- Can also result from surveys or assessments e.g. national patient surveys, national staff surveys, CNST assessments

- The HcC are not interested in almost evidence or substitutes!

S4BH requires the evidence to be robust, have integrity, and be readily accessible

Producing Evidence
=
Producing Records!

1. Why It Hurts : Inheritance Arena

- Dispersed organisations
- Constant Change
- Unstructured records management & inheritance
- Exclusion in the organisational business strategy
- Absence of Corporate policy & procedure
- Inhibited communications & sharing of information
- Silo working & storage
- Evolving IT systems & networks
- Different record formats
- Dispersed filing systems

2. Diagnosis: Building A Picture

- Using DIRKS as a backbone
- Scoping the situation
- Successful 1:1 – being seen & available
- Analysing specific business processes e.g. S4BH, case studies
- Listening to all levels of staff
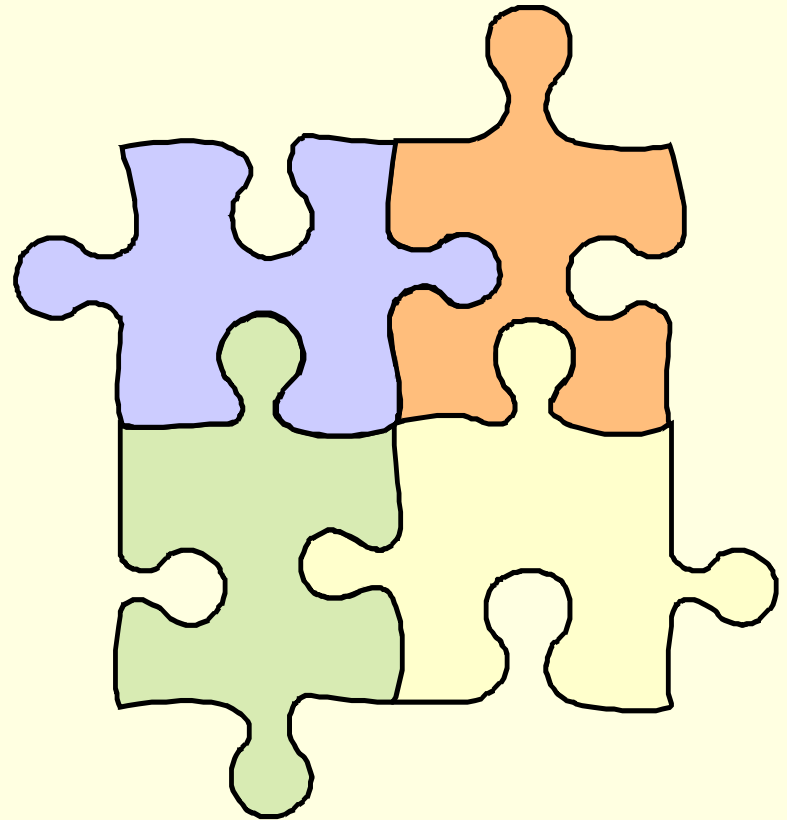
2. Diagnosis (Cont'd): Using DIRKS

- DIRKS = Designing and Implementing a Recordkeeping System

- 8 step process:

Step A Preliminary Investigation
    Step B Analysis of business activity
        Step C Identification of record keeping requirements
            Step D Assessment of existing systems
                Step E Identification of strategies for recordkeeping
                    Step F Design of a record keeping system
                        Step G Implementation of a recordkeeping system
                      Step H Post implementation review

2. Diagnosis (cont'd): Using DIRKS

Dirks will assist with the framework for:

1) Establishing a business case for record keeping
2) Developing a business classification scheme
3) Compiling a functions-based disposal authority for those records unique to an organisation
4) Compiling a functions-based disposal authority for records relating to common administrative functions
5) Adopting appropriate metadata for control and retrieval of records
6) Designing or selecting records management software and other electronic business information systems that meet an organisations requirements

2. Diagnosis (Cont'd): Habits

Snapshot examples of common practice:

- Saving to hard drive only, no back up
- Servers underutilised, local file plans
- Mass duplication e-copies, hardcopies
- Cross offices within a single dept
- Deleting the master version
- Loss of documents/records
- Lack of access/version control
- Keeping everything
- Keeping 'nothing'
- Storing to floppies/CDROMs
- Tacit knowledge of record storage
- Vital records unidentified
- Disaster planning & business continuity
- Lack of record keeping education
- Emails & attachments – cornucopia

High pain Levels!!
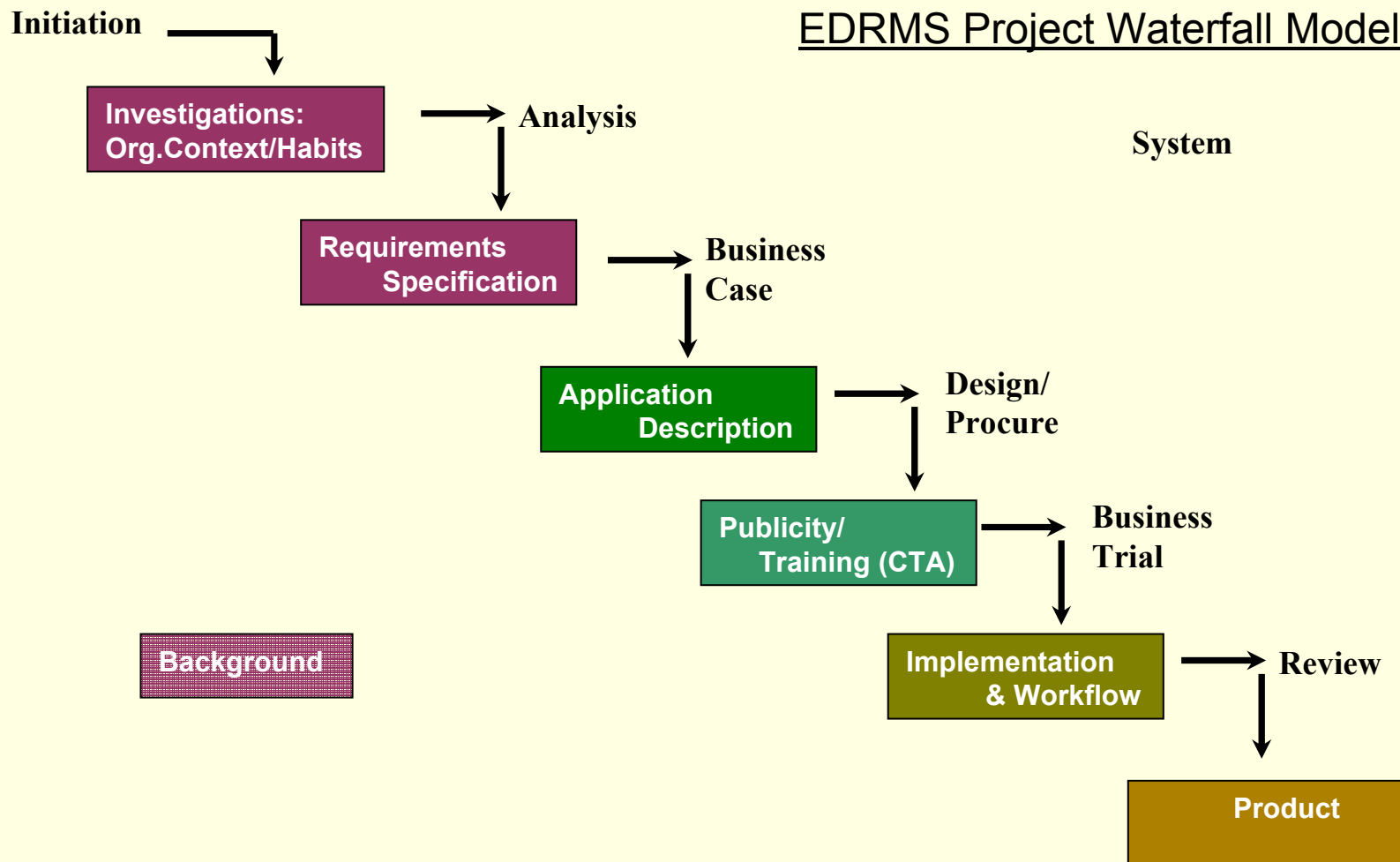
2. Diagnosis (cont'd): New Approaches

- The Good news!

  - Wants/needs change
  - Decision - makers receptive
  - Workforce eager for change
  - Living the pain increased acceptance!
  - Managers willing to commit their time to cost-out processes!
  - Departments eager to be the guinea pigs!
  - Outside Trusts willing to pool & compare initiatives!
  - Regional moves to unify approaches, systems and initiatives!
  - RM advice/support available - just ask!
  - Brainstorming with IT – collaborative partnerships
  - Leaving the dark ages - need for technological currency

Cooperation and Determination!

3. Easing the pain:
Challenges and Pragmatism

EDRMS Project Waterfall Model

Initiation

Investigations: Org.Context/Habits → Analysis

Requirements Specification → Business Case

Application Description → Design/ Procure

Publicity/ Training (CTA) → Business Trial

System

Implementation & Workflow → Review

Product

Background

EDRMS Building Blocks NHS
Top 12

- **Business case No 1: Efficiency gains – speaking their language**

- **Clear understanding how it aligns to corporate strategy**

- **Clear understanding how it aligns to the IT programme**

- **Offer case studies of the savings & integration scenarios**

- **Ask decision-makers the "hard questions" – don't be shy**

- **Measure against appropriate standards ISO 15489, statutes like FOI/DPA, & regulations**

3. Easing the pain (Cont'd): EDRMS …Top 12

- **Work closely with managers about their individual situations – look for quick wins**

- **User expectation: Increase acceptance by telling them of any limitations & what to expect**

- **Not relying on the EDRMS investment – get creative/innovative**

- **Include as part of a Change Management strategy a CTA programme**

- **Knowing your products - investigate EDRMS software products**

- **Don't underestimate the time it takes!**

3. Easing the Pain: The Continuum

- The NHS needs to manage it's records/archives to meet both managerial and cultural functions bringing further compliance:

  In this continuum model, the functions of records/archives are:

Internal Organisational Record/Archival boundary	
1. to ensure important current business and/or personal needs.	Enable/support/ document essential actions, decisions & thoughts
2. to ensure effective management and/or compliance with regulations.	Meet significant operational, administrative, legal and regulatory obligations; accountability.
3. to ensure corporate continuity and societal 'good citizenship'.	Demonstrate long term corporate & social responsibilities
External Cultural Archival/Record Boundary	
4. To ensure cultural construction and transfer.	Cultural research development & management; tertiary education & research
5. To ensure cultural affirmation and/or celebration.	Cultural symbol/ talisman

4. On the mend: RM in Practice Achieving Compliance

- Looking "up and out" – remaining "un-bogged"
- Creating an RM strategy backed by policy & procedures
- Change Management
- Creating a Communication Training & Awareness (CTA):

  - Raising profile of RM & the RM Office
  - Publicity: newsletters, staff talks
  - Web presence on Intranet
  - Establishing an RM Network with representatives from departments
  - Tie in with other initiatives (stop working as individuals) e.g. scanning, document management
  - Attend/involve with appropriate target groups e.g. web development, CIU, PCT Business systems,

- Exploiting opportunities e.g. PCT merger
- Having creative alternatives: be open to ideas & collaboration
- Utilise existing resources if able: proposal credibility
- Working towards ONE Health Community to unify it's information & knowledge
- Creating partnerships with:

  - *Internally: e.g. PCTs, CPT, HR, Finance, wards, & IT*
  - *Externally: e.g. CRO, Local Authorities, other Trusts*

- Starting on ahead – not waiting for EDRMS
- Developing a solid reliable *responsive* RM programme & service
- Building in performance indicators, review periods, assessments and adjustments: for the entire programme…

...including your own performance!

NHS

Thank you!

Questions welcome.