



BS 10008 certification enables the trust to reduce operational costs and legally destroy paper-based records

“Certification allows us to safely destroy our thousands of paper records, without fear of litigation. This in turn eliminates the need for resources to manage and transport these records, and enables the Trust to sell the storage site.”

Mandy Wright
Information Management
and Technology (IMT) Programmes,
Royal Devon & Exeter Health Trust

Customer objectives

- Work towards UK Government objective of a “paperless NHS by 2018”
- Free up paper-based patient record storage
- Establish procedures to safeguard legal authenticity of digital records
- Maintain the Trust’s reputation for innovation

Customer benefits

- Ability to destroy paper-based records without fear of litigation
- Cost savings related to the storage and management of paper records
- Potential to generate income from scanning facilities and expertise
- Revenue from the future sale of paper record storage site

Customer background

Providing specialist and emergency hospital services to around 400,000 residents and visitors in south-west England, the Royal Devon & Exeter Health Trust was among the first Foundation Trusts to be created. During 2011/12 the Trust spent £350m and employed 6,700 staff. It handles over 300,000 outpatient attendances and over 115,000 day-case or inpatient admissions annually, with additional diagnostic and community services delivered locally. The Trust enjoys a reputation for innovation and has a track record for piloting new ways of working – leading the field in robotic surgery, for example.

Why certification?

In one of the most significant shifts in a generation, the entire NHS is working to make paper-based patient records obsolete, with information captured, stored and managed electronically. Clearly a massive task, the benefits make the case for digitization watertight: with paper records bringing risks relating to their availability, completeness, upkeep and ownership. Legal claims of negligence involving incomplete records are also common. A paperless system should help reduce the level of compensation paid out by the NHS, a figure that has peaked at £1.3bn per annum.

Mandy Wright, Head of Programmes (IMT) for the Royal Devon & Exeter Health Trust, says that when Health Secretary Jeremy Hunt called for a “paperless NHS by 2018”, he was pushing at an open door. “Most Trusts want to do this; the issue is whether they have the capacity and/or funds,” says Wright.

The motivation for Royal Devon & Exeter was practical – it was running out of space to store paper records. “If we hadn’t decided to digitize our records, we would have needed to buy another warehouse,” she recalls. “We had two goals: to get rid of the huge amount of paper records stored, and to be able to deliver up-to-date, real-time records to clinicians, wherever they are.”

The Trust knew that by the end of February 2014 it would run out of space for paper-based records. And in January 2013, it set itself a goal of achieving, within a year, certification

to BS 10008 (Evidential Weight and Legal Admissibility of Electronic Information), which outlines best practice for the management and storage of electronic information.

Implementation

The Trust’s success in meeting this objective was partly thanks to help from Scadox, a leading consultant in the area of NHS records management. “Scadox guided us through the early stages of certification especially, sharing experiences from other hospitals. They were excellent at explaining BS 10008 documentation requirements, and particularly relating it to us as a business,” says Wright.

The Trust set up two scanning bureaus: one for the historical scanning of existing records, the other for the ongoing scanning of paper as it is produced. Scadox manages the historical scanning, while the ongoing scanning is managed and carried out by the Trust. “This suits us, because once the historical scanning is done, it’s done, whereas we need to maintain the ongoing scanning facility and so we want internal knowledge and expertise.” A longer-term aim is to introduce on-screen electronic forms so that the entire process, from data capture, is digitized.

Of the year-long journey to certification, says Wright, the first three months were spent largely on planning. A Trust project manager, Simon Hunt, oversaw it internally, with help from the Trust’s Information Governance Manager, and other senior employees as required.

The Trust did consider putting systems in place that would comply with BS 10008, but without seeking formal certification. “We weighed up the costs of achieving and maintaining certification against the costs of possible litigation. We decided that as we had to work to the best standards anyway, it was a worthwhile investment, since the cost of certification wouldn’t impact significantly,” comments Wright.

Benefits

The Department of Health NHS Records Management Code of Practice states that paper records may only be destroyed if the system used by a Trust for electronic scanning

and storage complies with BS 10008. Achieving certification enables the Royal Devon & Exeter Health Trust to destroy its paper records, with the peace of mind that its digital records carry the same legal authenticity.

“The standard is allowing us to safely destroy our paper records, without fear of litigation,” says Wright. She also identifies significant financial benefits. “Once the historical scanning is complete, we will be able to sell the site that we use to store our paper records, helping us raise money. This should also eliminate the costs associated with operating and maintaining the site and the expenses incurred through transporting records between sites.”

Looking ahead, Wright sees an opportunity for certification to be a business revenue generator. “When the historical scanning is finished, we will use our resources and expertise to provide scanning services to other organizations – and we are already in discussion with some.”

BSI’s role

BSI provided valuable support throughout, in ways the Trust didn’t expect, observes Wright. “We expected them to know the standard inside out, and they did. But they also suggested ways forward when we were struggling. And they identified areas in the final assessment where we were exceeding requirements and therefore had potential for further cost savings. For instance, we currently carry out 100% quality control on everything that is scanned. BSI suggested that as the error rate is so low, we could consider reducing the checks. If and when we feel ready to cut checks to, say, 80%, that would save time equivalent to one full-time member of staff at present – and as more is digitized, the cost of up to six full-time employees.”

Simon Hunt adds: “The BSI team provided a sound knowledge base, helping our internal subject matter experts to analyse how the implementation of BS 10008 would affect our organization, and how we could best adjust to these changes. Going forward, the BS 10008 methodology of ‘Plan-Do-Check-Act’ provides the Trust with a continuous improvement strategy.”

