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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting/Date	24th January 2019		Agenda Item	2b
Report Title	Status of Audit Recommendations: Medical Director			
Report Author	Anne Biffin, Clinical Effectiveness & Governance Manager			
Report Sponsor	Richard Evans, Executive Medical Director			
Presented by	Richard Evans, Executive Medical Director			
Freedom of Information	Open			
Purpose of the Report	To update the Audit Committee regarding progress against recommendations made in internal and external audit reports			
Key Issues	<ul style="list-style-type: none"> • This paper details the current status of outstanding actions against audit reports. • Progress has been made in all areas, although action is required to address these completely • Processes around governance oversight of Medical Appraisal, Revalidation and Job Planning need to be strengthened to provide greater assurance 			
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance	Approval
			✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the update provided 			

STATUS OF AUDIT RECOMMENDATIONS: MEDICAL DIRECTOR

1. INTRODUCTION

This report provides the Committee with the current status of outstanding actions from internal and external audit reports and the actions planned to address them.

2. BACKGROUND

Since he joined the Health Board in November 2018, the Executive Medical Director (EMD) has been working with colleagues to establish what actions are outstanding from internal and external audit reports that fall within his portfolio. These fall in to two broad categories: medical staffing and quality & safety.

2.1 Medical Staff/Staffing

Three internal audit (IA) and one external (Wales Audit Office, WAO) reports reference medical staff/staffing; IA Medical Appraisal & Revalidation, IA Locum Medical Cover and IA Junior doctors' bandings and WAO NHS Consultant Contract: Follow up of previous audit recommendations.

The two outstanding actions from the **Medical Appraisal & Revalidation** audit were dependent upon the appointment of Delivery Unit Appraisal Leads with clear objectives, particularly in relation to quality assurance of the appraisal process. These are now all in post and have received initial training.

IA Locum Medical Cover - The Health Board does not have an overarching database of training and non-training grade junior doctor posts in its establishment that details how these posts are filled. Currently, this information is held by individual Delivery Units. As a result, the UHB does not have a clear process by which the rationale for locum appointments (whether to cover individual shifts or to fill individual posts) are aligned with vacancies. A similar situation exists for substantive Consultant and Staff Grade & Associate Specialist (SAS) posts. This is unsatisfactory with regard to governance oversight of clinical and financial risk and links closely with development of medical workforce plans. The EMD and the Director of Workforce & OD have discussed the situation and agreed to establish and maintain such a database.

2.2 Quality & Safety

There are outstanding actions against recommendations in three IA reports: Medical Devices & Equipment Follow Up and two Mortality Reviews reports.

The EMD has delegated responsibility for the Medical Devices Committee (MDC) to one of the Interim Deputy Executive Medical Directors who will chair the committee and ensure that the MDC has appropriate Delivery Unit representation to take forward the **Medical Devices & Equipment Follow Up** actions at Delivery Unit level with oversight from the MDC.

There were two outstanding actions from the original **Mortality Reviews** report. These both related to ensuring that Consultants have time in their job plans to undertake Stage 2 mortality reviews in a timely fashion in POWH and Singleton. All

Unit Medical Directors have now confirmed that this is the case so these actions are complete.

There are two outstanding actions against recommendations made in the **Mortality Reviews Follow Up** report. The first action was to draft a policy setting out the Health Board's expectations in relation to conducting mortality reviews. A first draft based on the information available at that time was prepared in November 2018 for review by the EMD. The Health Board was expected to be piloting the Datix Mortality Reviews module during Autumn 2018 to inform the NHS Wales/Welsh Risk Pool procurement of the module for implementation across NHS Wales in 2019. The pilot did not take place even though procurement has gone ahead. No decision has been made to date whether to adopt the Datix module or to continue using the in-house eMRA mortality review application which has delayed the redrafting of the policy. The draft policy was prepared in the context of the Medical Examiner (ME) role coming into existence by April 2019. It is anticipated that this will move the mandatory Universal Mortality Review element of the mortality review process to the ME enabling Health Boards and Trusts to focus on Stage two and thematic mortality reviews where the most learning can be gleaned. The EMD has requested further information regarding the status of outstanding Mortality Reviews to gain clarity on current performance versus historical performance (backlog of cases).

The second relates to reporting of lessons learned to share learning across the organisation and the inclusion of this process within the policy. There have already been changes to the group and committee structures to strengthen clinical engagement and leadership since the policy was drafted. The clinical Outcomes Group has been stood down with the intention of its work programme moving to the Clinical Senate Council. The Executive Team is meeting shortly to discuss future meeting structures so reporting arrangements cannot be confirmed until the outcome of those discussions are known. Meanwhile, the EMD has proposed changing the current arrangement for Clinical Governance meetings, moving from a whole day bi-monthly to a half day monthly, in order for lessons learned from morbidity/mortality reviews to be shared more contemporaneously.

3. GOVERNANCE AND RISK ISSUES

Risk associated with suboptimal organisational oversight of medical workforce position across all Delivery Units: risks are both clinical and financial.

4. FINANCIAL IMPLICATIONS

Financial implications relating to locum expenditure also highlighted in Workforce and Organisational Development process. Resource required to adequately manage improved processes to be established.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the update provided

Governance and Assurance										
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
			✓						✓	
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
		✓			✓					
Quality, Safety and Patient Experience										
Ensuring the Board and its Sub-Committee(s) makes fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.										
Financial Implications										
There are no financial implications.										
Legal Implications (including equality and diversity assessment)										
There are no legal implications										
Staffing Implications										
The delivery of the proposed work programme is set within the context of the existing resources.										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - https://futuregenerations.wales/about-us/future-generations-act/)										
No impact identified										
Report History		None								
Appendices		None								