

**MANAGEMENT ACTION PLAN**

Audit Source:	Internal Audit	Audit Year:	2018/19
Report Ref:	ABM-1819-036	Title:	POWH Delivery Unit Governance Review
Report Issued:	15/08/2018	Overall Assurance Opinion:	Limited
Lead Executive:	Chris White	Version:	V1.0

**QSC Appendix B3(b)**
**(APPENDIX C)**

Key Finding Ref	Findings	Impact (Internal Audit)	Recommendation	Priority	Management Response	Responsible Officer	Deadline
1 (D)	The Hospital Management Committee does not have work plan/work programme.	Groups / committees may not receive regular reporting / information required to discharge all their responsibilities.	To enhance the effectiveness of the HMC management should consider implementing work plans/business cycles to ensure all relevant information and business areas are being addressed and distributed through the year.	L	The HMC agenda has a wide ranging set of standing items covering finance, workforce, nurse director update, medical director update, quality and safety and a rolling programme of service group updates. The revised HMC terms of reference will add risk register to this. During the planning cycle the IMTP/Annual Plan is also reviewed. A clear documented diary/plan will be created.	Jamie Marchant, Unit Service Director	30/09/2018
2 (O)	Attendance at HMC by medical representatives has been inconsistent.	The effectiveness of meetings may be reduced without representation from medical leadership within the Unit.	Management should consider strategies to ensure attendance of medical representatives. Consideration could be given to including attendance as part of consultant job planning or through confirmation of dates to avoid clashes with annual leave/other commitments.	M	The HMC is routinely on a set Friday each month (with no HMC in January). The Friday slots have been particular challenges for 2 CDs. One has now left the role. The job plan of the other will be reviewed.	Catherine Roberts, Service General Manager Medicine & COTE	31/10/2018
3 (D)	There has been a gap in the use of Action Logs at HMC.	Monitoring of action is not clearly demonstrable. Actions could be missed.	We recommend that the HMC reintroduce Action Logs to capture agreed actions and monitor progress.	M	Action log has deteriorated due to lack of admin cover. This will be remedied by replacement of role which will go to advert in August.	Jamie Marchant, Unit Service Director	31/10/2018
4 (O)	At the time of fieldwork the format of the QPS committee was subject to review by the Unit Directors. The Committee's terms of reference were due for review in September 2017 but they were not updated and agreed during the year.	Lack of up to date terms of reference describing their purpose/objectives, membership and attendees, operating and reporting arrangements could undermine the shared understanding of the same amongst members.	The Unit should review the QPS terms of reference. Future periodic reviews should be added to the QPS Committee workplan (see below).	M	QPS terms of reference has been revised creating two separate meetings/agendas. This new approach will be in place from August 2018. <i>Action by: Unit Nurse Director &amp; Unit Medical Director.</i>	Debbie Bennion, Unit Nurse Director	01/08/2018
5 (a) (D)	The QPS Committee does not have work plan/work programme.	The Unit QPS Committee may not receive regular reporting / information required to discharge its responsibilities in an organised way.	To enhance the effectiveness of the QPS committee management should implement a work plans to ensure all relevant information and business areas are being addressed through the year.	M	The Internal Audit team have shared an example workplan and one will be developed for QPS and agreed by HMC <i>Action by: Unit Nurse Director &amp; Unit Medical Director.</i>	Debbie Bennion, Unit Nurse Director	30/09/2018
5 (b) (D)	There were gaps in reporting to QPS Committee on matters identified within its terms of reference, and compared to corporate quality & safety committee reporting arrangements. Additionally, some groups taking forward quality & safety initiatives within the Unit were not included within reporting lines to the Unit QPS Committee.	The Unit QPS Committee may not receive regular reporting / information required to discharge its responsibilities in an organised way.	The QPS Terms of Reference should consider the subjects currently reported and ensure they reflect the Health Boards Quality & Safety work programme and the groups operating within the Unit.	H	QPS terms of reference has been reviewed and will now ensure reporting on Unit groups in the workplan (as above). <i>Action by Unit Nurse Director &amp; Unit Medical Director.</i>	Debbie Bennion, Unit Nurse Director	30/09/2018
6 (D)	The Nutrition & Hydration Group within the Unit has Terms of Reference which are aligned with the Health Board group and do not explicitly require reporting to QPS Committee. This could have contributed to the lack of reporting of group work within the Unit.	Groups / committees may not receive regular reporting / information required to discharge their responsibilities.	Unit management should review the terms of reference of unit groups to ensure their reporting lines are clear to provide assurance within the Unit.	M	The Leadership Team and HMC will review all groups within the Unit to ensure it is clear their ToR identifies if they report to QPS or HMC. <i>Action by: Unit Service Director, Unit Nurse Director &amp; Unit Medical Director.</i>	Jamie Marchant, Unit Service Director	31/10/2018
7 (D)	The Unit Directors meet weekly with the Patient Experience & Governance team to review patient Quality & Safety issues. They note this has been an important management tool during a period where QPS meetings have been cancelled; however, there are no formal notes of actions agreed.	Lack of formally agreed actions being recorded.	To provide on-going assurance of actions taken following Unit Directors Taskforce meetings a formal action log should be maintained and reviewed.	M	Robustness of action logs affected by gap in role of Head of Patient Experience and Governance. Post out to advert and clear logs will be maintained.	TBC, Head of Quality and Safety	31/10/2018

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8(i) (D)	Only two Service Groups within the Unit has terms of reference in place for its directorate board meetings.	Lack of formally agreed management group terms of reference describing their purpose/objectives, membership and attendees, operating and reporting arrangements.	To enhance the governance arrangements within the Unit we recommend each Service Group introduce terms of reference. These should be presented to the Hospital Management committee for review.	M	Terms of Reference do exist for two service groups (Surgical Services and Medicine/COTE). The other two service groups will adapt for Clinical Support Services (CSS) and Emergency Care and Hospital Operations (ECHO).	Carl Verrecchia, Service General Manager Clinical Support Services	30/09/2018
8(ii) (D)	Only two Service Groups within the Unit has terms of reference in place for its directorate board meetings.	Lack of formally agreed management group terms of reference describing their purpose/objectives, membership and attendees, operating and reporting arrangements.	To enhance the governance arrangements within the Unit we recommend each Service Group introduce terms of reference. These should be presented to the Hospital Management committee for review.	M	Terms of Reference do exist for two service groups (Surgical Services and Medicine/COTE). The other two service groups will adapt for Clinical Support Services (CSS) and Emergency Care and Hospital Operations (ECHO).	Gavin Owen, Service General Manager Emergency Care & Hospital Operations	30/09/2018
9 (O)	The Emergency Care & Hospital Operations Service Group had not held a management board meeting since May 2017 and last highlight report to HMC was September 2017. The Service Group Manager informed Internal Audit that he was aware of the arrangements in place for other groups and was in the process of re-establishing the meeting.	Lack of formally agreed management group terms of reference describing their purpose/objectives, membership and attendees, operating and reporting arrangements.	As discussed the Service Group Manager should re-establish board meetings. Following this we would recommend the recommencement of highlight reporting to HMC.	M	General Manager Emergency Care and Hospital Operations (ECHO) has committed to organise service group meetings (using above terms of reference). The timeline set is reflective of the current gap in Clinical Director post and impending departure of Matron.	Gavin Owen, Service General Manager Emergency Care & Hospital Operations	31/10/2018
10 (O)	The Units annual infection control plan is not received or monitored within the weekly Infection Control meetings. Most areas within the plan were noted within on-going meeting business. Two exceptions were noted, a review of inter-ward patient transfers and audit of bed capacity for adequate isolation facilities.	Lack of monitoring could lead to elements of the plan not being completed.	We recommended that the review of inter-ward patient transfers and audit of bed capacity for adequate isolation facilities be reviewed periodically within Unit infection control meetings.	M	The Unit Infection Plan will be reviewed quarterly at the IPC meeting locally. Any audit for isolation undertaken by the Unit as part of the ABMU wide IPC work will be shared with QPS directly. With regards inter ward transfers the HB group will be asked to consider how the Unit can locally monitor these areas and the scale of the task including information analysis	Debbie Bennion, Unit Nurse Director	31/10/2018
11 (O)	Review of equipment and environmental cleanliness are elements of POINT reviews undertaken by matrons. The outcomes have not been reported to the QPS during the year.	Lack of regular monitoring of Unit cleaning issues.	We recommend POINT reviews undertaken by Matrons be periodically reported to the QPS committee to communicate assurances and risks.	M	POINT reviews will be taken to QPS quarterly. <i>Action by Unit Nurse Director and Unit Medical Director.</i>	Debbie Bennion, Unit Nurse Director	31/10/2018
12 (O)	In January 2017 HIW inspected the POWH Emergency Department and Ward 10. The action plan was presented to QPS for review in April 2017 and was noted to be in need of further monitoring. Due to meeting cancellations it was not brought to the committee again.	Lack of monitoring could lead to elements of the plan not being completed.	We recommend that the development of a QPS work plan/programme include reference to external inspections with scheduled progress updates to be provided.	M	External inspections are reported at QPS (and HMC) but the agreed workplan will include scheduled updates.	TBC, Head of Quality and Safety	31/10/2018
13 (O)	The Patient Experience & Governance team regularly liaise with Service Group Managers to review entries on the risk register. However we note that Service Group board meetings do not receive a full details of all risks assigned to the group.	Lack of regular oversight of Group risks could lead to risks not being identified and managed appropriately.	We recommend that Service Group meetings regularly receive the risk register.	M	There is a need for a report to be produced from Datix to allow a meeting to review not only the service group risks but relevant areas of wider risk register. This will be developed and standardised with the incoming Head of Quality and Safety. In the meantime the HMC will review the register formally in September.	TBC, Head of Quality and Safety	31/10/2018
14 (O)	The HMC has not received the Unit Risk Register. The Health Board Risk Management Policy requires Unit Management Boards to review the register every three months.	Lack of regular oversight of Unit risks could lead to risks not being identified and managed appropriately.	HMC meeting should regularly receive the full risk register to ensure that risks are being managed appropriately throughout the Unit. This could be incorporated into the development of a HMC workplan.	H	Historically the risk register was formally reviewed by QPS Committee but under new Terms of Reference it will now be reviewed by HMC (in September meeting, as reviewed by QPS in July).	Jamie Marchant, Unit Service Director	30/09/2018