



**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Royal College of Physicians Medical Records Keeping Standards (Reasonable Assurance) Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Philip Kloer, Medical Director and Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	John Evans, Assistant Director, Medical Directorate Alistair Armitage, Project Support Officer, Medical Directorate

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT
<u>Sefyllfa / Situation</u>
<p>The Internal Audit Royal College of Physicians (RCP) Medical Record Standards report was first brought to the Audit and Risk Assurance Committee (ARAC) in December 2018 for discussion, with an update on progress with the report recommendations provided to ARAC in October 2019. It was requested that a further update be provided to ARAC in April 2020. This report is an update on progress to date.</p>
<u>Cefndir / Background</u>
<p>During discussion at the ARAC meeting in October 2019, assurance was sought on the audit report recommendations, and agreement was sought on the following proposals:</p> <ul style="list-style-type: none"> • A yearly audit by specialty, with responsibility for the audit and reporting the outcomes to be held by the Clinical Leads. • Yearly specialty record keeping audits to be included on the clinical audit forward plan and supported by clinical audit. • Outcomes reported through Directorate Quality and Safety meetings. • The Clinical Record Keeping Policy should be updated to show reference to the cyclical audit programme, and to highlight accountability for implementation, monitoring improvement and reporting outcomes.
<u>National / local objectives involved</u>
<ul style="list-style-type: none"> • RCP Standards for Clinical Note Keeping • Health & Care Standards –3.1 Effective Care • Health & Care Standards – 3.5 Record Keeping • Health & Care Standards – 4.2 Patient Information • UHB Strategic Objectives 9 & 10

Asesiad / Assessment

A Record Keeping Audit Working Group has been convened in order to have oversight of this work. The group membership includes:

Dr Subhamy Ghosh, Assistant Medical Director for Quality & Safety (Chair)
Dr Saurabh Shriniwas Patwardhan, Assistant Medical Director for Clinical Audit
John Evans, Assistant Director, Medical Directorate
Lisa Davies, Clinical Effectiveness Coordinator
Ian Bebb, Clinical Audit Manager
Helen Williams, Revalidation and Appraisal Manager
Alistair Armitage, Clinical Strategy Support Officer

The first meeting took place on 25th February 2020 and the proposals for the RCP Record Keeping Audit were discussed. The outcomes of the meeting and key points that were discussed are set out below:

- It was previously agreed that a further audit of the Withybush results would be undertaken and reported back via the Effective Clinical Practice Sub-Committee (ECPSC) and to ARAC. However, following discussion, it was concluded that until a series of actions to address the findings of the previous audit were put in place, there was little rationale for re-auditing. The actions required would resolve some of the issues leading to poor results, with education and training needing to be a key area of focus. A re-audit would then demonstrate the impact of actions taken and identify further areas for improvement.
- There is a long-term plan in development, which will commence with an approach to audit 10 sets of notes initially, per specialty and site, and inclusion of the audit on the Clinical Audit Forward Plan, making it mandatory for each speciality to undertake yearly.
- The Quality, Safety & Experience Assurance Committee (QSEAC) will be the forum through which the outcome of the Audit will be reported.
- An e-learning module is in development – Good Record Keeping Practice for Clinicians – RCP Standards. The first draft will be finalised shortly. The group looked at linking this to revalidation and appraisal, by designating it a Quality Improvement activity for doctors to use at appraisal.
- Provisions for exploring a digitalised system in the future were discussed.
- Continuing Professional Development (CPD) record-keeping training course for appraisers was discussed.
- Quality Improvement (QI) Leads at hospital sites will work with Hospital Directors and clinical leads in order to progress the audit. Associate Specialist doctors in each speciality to take a lead role in achieving the work. The clinical director of clinical audit will discuss with the QI leads and disseminate from there down to each speciality lead.
- The governance of record keeping and an appropriate reporting structure will be finalised with Executives and key leads, the AMD for Quality and Safety, and the AMD for Clinical Audit.
- Non-medical staff who contribute to health records will need to be considered.

The actions above were discussed and noted at the ECPS-C meeting on 16th March 2020.

It is noted that the ARAC response from October 2019 was concerned that this work is looked at in conjunction with the ongoing clinical coding issues and recommended that a collaborative report should be considered. In light of the COVID-19 preparations, discussion has not taken place with the relevant staff in clinical coding; however, this will be prioritised for when meetings and working practices return to

normal. Discussion with executives and key leads regarding finalisation of the governance reporting structure for departmental record keeping audits will also take place once normal working arrangements resume.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to note this update. The Record Keeping Audit Working Group suggests that they resume this work following the COVID-19 pandemic, when working arrangements return to normal.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	689 Score 16
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3. Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	RCP Record Keeping Standards Internal Audit Report October 2018, RCP Medical Records Standards
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Record Keeping Audit Working Group Effective Clinical Practice Sub-Committee
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	None
Ansawdd / Gofal Claf: Quality / Patient Care:	None. This recommendation will improve patient safety and care.
Gweithlu: Workforce:	None
Risg: Risk:	This recommendation is to mitigate risks highlighted in the Internal Audit, RCP Medical Record Keeping Standards report, October 2018, and historical issues with the standard of medical record keeping.
Cyfreithiol: Legal:	None
Enw Da: Reputational:	None
Gyfrinachedd: Privacy:	None
Cydraddoldeb: Equality:	No negative impacts. The recommendation will have a positive impact as it has the potential to improve the standard of care for all patients. <ul style="list-style-type: none"> • Has EqIA screening been undertaken? No • Has a full EqIA been undertaken? No