

**ANNUAL SELF ASSESSMENT 2017/18
HEALTH AND CARE STANDARDS**

<p align="center">S</p> <p align="center">Situation</p>	<p>The corporate leads for the standard 3.5 Record Keeping have reviewed the clinical board self-assessments and rated accordingly as set out further in this document</p>
<p align="center">B</p> <p align="center">Background</p>	<p>The UHB is required to perform a self assessment against the Health and Care Standards on an annual basis.</p> <p>The corporate leads have reviewed the evidence against the criteria outlined in the related driver diagram document and assigned an overall rating based on the individual outcomes.</p> <p>Clinical Board self-assessment ratings:</p> <p>‘Getting there’ for all Clinical Boards bar one, which identifies as ‘Meeting the Standard’</p> <p>Corporate lead overall rating:</p> <p>‘Getting there’</p>
<p align="center">A</p> <p align="center">Assessment</p>	<p>Corporate leads assessment</p> <p>Evaluation of Clinical Board self-assessments 12 months on, points to a more progressive records management position. There is reasonable assurance of a stronger documentation review culture.</p> <p>Organisationally the picture in terms of record keeping arrangements is not dissimilar to the previous year, with the operating systems and structures employed demonstrating varying degrees of focus and application. Most Clinical Boards unsurprisingly build these into their governance arrangements for quality, safety and patient experience. Specific association to relevant information governance and data protection standards are mostly intrinsic, rather than explicit. However, dedicated areas of focus are emerging and it is envisaged this will mature in alignment with GDPR requirements.</p> <p>Testimonies from some Clinical Boards indicate robust controls, with a good level of assessment. Inevitably there is more required to ensure this is consistently and regularly applied throughout the organisation.</p>

	<p>It is encouraging to note numerous examples of audits designed specifically for, or with a clear focus on, record keeping. External reviews complement these, particularly through the process of pre and post adherence. However, evidencing that review actions are delivered fully and timely, yet again can often remain unclear.</p> <p>In summary, the assessment reflects the “Getting there” rating as presented by the vast majority of Clinical Boards. Concerted and sustained efforts from all is required before achievement of ‘meeting the standard’ can be realised.</p>
<p style="text-align: center;">R</p> <p>Recommendation</p>	<p>Recommendations are consistent with those given previously, with emphasis again focusing on fundamentals such as:</p> <ul style="list-style-type: none"> • Promotion and adherence with record keeping good practice, particularly through targeted staff training • Reinforcement of the above through alignment with PADR's • Sound scheduling of record keeping audits and audit reviews <p>It would be prudent to bring evidence of the above together through a specific and more regular corporate format. This would improve transparency and facilitate comparison. A recognised mechanism would also highlight how the priority areas identified in Clinical Boards HCS 3.5 assessments are being delivered</p> <p>The following cross-cutting issues should also be pursued:</p> <ul style="list-style-type: none"> • Improved attendance and participation at sub-committees that provide relevant assurance to the UHB, namely the Data Quality, Medical Records Management and Non-Medical Records Management Groups • Specific evidence and assurance is required of good record management arrangements for non-medical records