

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	10 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Clinical Audit Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ian Bebb, Clinical Audit Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to provide the Audit and Risk Assurance Committee with an update on the Health Board's Clinical Audit Function and Programmes.

**Cefndir / Background**

The Health Board develops an annual Clinical Audit Programme (CAP) which is carried out by the Services. This programme consists of a list of key clinical audit projects which have been prioritised in line with Health Board (service specific or otherwise) aims and objectives. The programme also includes all projects mandated by Welsh Government (NCAORP) and other national bodies. National benchmarking is possible through this mechanism.

**National Clinical Audit**

The National Clinical Audit and Outcome Review Plan (NCAORP) is a mandatory audit programme in Wales.

The risk associated with non-participation is the inability to benchmark our practice with other sites and Health Boards. This does not directly indicate that there are any clinical concerns; only that we do not have sufficient data to assess Health Board compliance with key guidelines and professional standards. There are other ways to demonstrate the "health" or quality within a service through other Quality Improvement (QI) work, performance targets, service evaluation etc.

The programme of audits is mandatory; therefore, there is always the potential for reputational damage with non-participation or clinical concerns. Potentially, Welsh Government may write to Health Boards for a response where concerns are identified. National audit reports are also in the public domain so there is the potential for negative feedback, etc.

Full participation with each mandatory audit is considered by some specialties as not possible without further investment. In these cases, we would expect the risk to be addressed by the appropriate services where they can factor compliance with an audit into their other risks, business cases and key concerns.

## **Local Clinical Audit Programmes**

The Clinical Audit Department (CAD) liaise with a number of key groups/meetings to establish a local programme each financial year. A total of 45 local projects were submitted to the 2023/24 programme, which represents an increase compared with previous years. NCAORP projects are automatically included in addition, bringing the total to 75.

## **Asesiad / Assessment**

### **Audit Management and Tracking (AMAT) Software**

The CAD are now implementing the AMAT software within the Health Board. All clinical audit projects are now registered via the system. Outputs are also monitored through this system. The system can also be used as a data collection platform. The transparency and ease of access of the system is proving very beneficial, as it can be widely accessed by all users. The roll out of the system requires training of various staff. Ad hoc training is still supplied and monthly drop in sessions continue.

The AMAT system will continue to be funded by the Medical Directorate until January 2026. Multiple teams are now using AMAT as a core part of their work and the system has over 1500 users. The system has multiple functionalities including audit, inspections, guidance as well as some additional modules.

Future funding will need to be secured to ensure the continuity of the system. There is not currently a replacement system for AMAT which can capture the same level of functionality. This will pose a future risk, should funding not be secured long-term.

### **National Clinical Audit**

The Health Board is contributing to the majority of the mandatory national projects, although certain services have been identified as a concern in respect of participation. A full list of national audits can be found in the accompanying attachment.

All participation concerns have been:

- Escalated to senior management within the respective services
- Reported to the relevant senior quality and governance forums
- Reviewed at the Clinical Audit Scrutiny Panel (CASP)
- Continually monitored

Discussions with audit and service leads are underway for all areas where participation is a concern. Where participation concerns are identified and not mitigated, services are asked to complete a risk assessment, include details within the relevant risk register and provide an improvement plan.

Two national audits have been flagged by the audit providers as being outliers:

- Epilepsy 12 (Paediatric) for limited historic participation – current year participation was already underway and was not the source of the query. The service has been required to carry out an investigation and submit this to the Medical Director, largely to ensure engagement can continue to happen.
- National Joint Registry for data quality – this has been resolved by a joint effort between the Lead Consultant and the Clinical Audit Department. An action plan was submitted to the Medical Director and to the audit provider.

All teams involved in mandatory audits are expected to submit an improvement plan following a report publication. All outstanding projects are being chased by the CAD and non-compliance is escalated to service leads, CASP as well as Directorate Leads and the Medical Director when required.

Three audits are currently being flagged as a particular concern due to limited data collection within the Health Board:

- National Joint Registry
- Major Trauma
- National Hip Fracture Database

These have been escalated within the services and to the Medical Director through the Clinical Director for Clinical Audit. The service has identified that there is insufficient admin and clinical resource to be able to facilitate these audits. The service will be submitting a case for replacement administrative posts which directly affects participation in these audits. We are currently awaiting risk assessments and risk register references from the services involved, as well as the outcome of future Finance Control Group sessions.

The above demonstrates that audit participation and resourcing can be particularly complex. The services themselves need to factor audit resources into planning, alongside clinical needs and other clinical and operational pressures. Whilst the Clinical Audit Department supports these services through various audits, there is a limit to the amount of support a single project can receive.

More detailed information about the status of each registered audit is available on request.

### Clinical Audit Activity

The below figures represent an overall snapshot of audit activity at the time of writing this report. Clinical audits have a number of distinct stages of completion and are not considered complete until the action plan/improvement work has been completed. There is naturally an extended time frame for these projects to be *fully* completed (as opposed to data collection or the submission of an action plan) which is reflected in the results.

	2022-2023	2023-2024	2024-2025
<b>Total No. of Projects</b> <i>(by year of submission)</i>	55	125	76
<b>In progress</b>	8 (15%)	28 (22%)	49 (64%)
<b>Improvement implementation stage</b>	5 (9%)	38 (30%)	10 (13%)
<b>Fully completed</b>	42 (76%)	59 (47%)	17 (22%)

*\*NCAORP projects are not included in the above figures due to the extended time frames for these types of projects*

### Forward Clinical Audit Programme (FCAP) 2023/24

The Clinical Audit Programme for 2023/24 had a total of 53 clinical audit projects (at year end) from 13 different service areas (committee/group).

At the time of writing this report, the below figures represent the FCAP specifically. The CAD is in regular contact with groups and audit leads informing them of the progress of FCAP audits. Projects need to be confirmed with the owning groups ready for finalisation. Standing down or continuation of projects is passed by the owning group.

FCAP Status	2023/24
Total Projects	53
Completed	8 (15%)
Nearing completion	6 (11%)
In Progress (rolled over)	14 (26%)
Proposed (rolled over)	8 (15%)
Discontinued	2 (4%)
Proposed (discontinued)	15 (28%)

It should be noted that project completion is not always possible within the reporting period. This is a normal occurrence and, whilst it is true that a high figure is generally positive, a low figure is not a definitive indication of poor auditing practice.

The number of projects being discontinued represents a more disappointing figure. However, in most cases, we have found that this figure represents a misunderstanding of the audit process or lack of engagement with the process and a large number of these projects have been commenced but not registered with the CAD. The CAD will work with these services to establish a better understanding of the CAP and registration process but this will also require direct engagement from Services.

At the time a project is put forward for the programme it is, as a minimum, a concept and a title. Further assessments are only made when projects are developed ready for commencement. This includes an assessment as to the eligibility of the project for the programme e.g. is it an audit or not? The “proposed” figures will represent a number of these sorts of projects.

All discontinued projects have been reported to the owning, and therefore senior governance groups within the services. It is not possible to predict the positive or negative impact of these projects, as they have potentially been carried out beyond the remit of the CAD and we have limited knowledge of them.

### **Clinical Audit Programme 2024/25**

Letters were sent to owning groups regarding the 2024/25 CAP and the submissions have been finalised. Ad hoc projects that are considered of high value can be added to the programme throughout the year.

A total of 28 local projects were submitted to the 2024/25 programme, which represents a decrease compared with the previous year, as well as a reduction in the number of responses. NCAORP projects are automatically included bringing the total to 78\* (*approximate figure as some projects are new to 2024/25 and still being established*). The overall number of projects is therefore higher than in the previous year with more mandatory projects being factored in.

The smaller number of local projects reflects the ability of services to pre-plan and participate in audit projects. A smaller volume of audits has the potential to lead to better quality projects. There is also a significant increase in the number of mandatory projects, which will reduce the Health Board’s ability to carry out local projects.

## Shared Learning

The CAD held a programme of Whole Hospital Audit meetings (WHAM) for 2023/24. Four dates have been successfully delivered. A total of 31 presentations have been received by the Health Board in 2023/24.

The Whole Hospital/Health Board Audit meetings have continued throughout 2024/25, with 2 of the 4 events having already been delivered.

The CAD continues to support the Enabling Quality Improvement in Practice (EQIIP) programme by attending event days and giving presentations on the links between QI and Clinical Audit and how they can complement each other. The most recent event was held on 10 October 2024.

The CAD regularly meets with the Clinical Effectiveness team, Quality Assurance and Risk and Assurance Teams to discuss work on the AMAT system and other activity.

## Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to:

- **NOTE** the completion rates of audits and the continued improvements being undertaken
- **NOTE** the reduction in local forward planned audits for 2024/25 and the increase in mandatory projects
- **TAKE ASSURANCE** in the continued use of AMAT software and the funding until January 2026
- **TAKE ASSURANCE** from the continuation of the majority of mandatory national audits and the processes followed for the escalation of concerns (without exceptions)
- **NOTE** the current limited involvement of 3 of the NCAORP projects, which will be articulated further through the Scheduled Care risk registers and business cases
- **NOTE** the development of the 2024/25 programme
- **TAKE ASSURANCE** from the continued shared learning through WHAM

## Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.3 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.

3.9 Provide assurance with regard to the systems and processes in place for clinical audit, and consider recommendations from the Effective Clinical Practice Working Group on suggested areas of activity for review by internal audit.

3.20 The Audit and Risk Assurance Committee and the Quality, Safety and Experience Committee both have a role in seeking and providing assurance on Clinical

	Audit in the organisation. The Audit and Risk Assurance Committee will seek assurance on the overall plan, its fitness for purpose and its delivery. The Quality, Safety and Experience Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit. The internal audit function will also have a role in providing assurance on the Annual Clinical Audit Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Audit specific risks are included and owned by the Services and will feature on other risk registers.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 2. Timely 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	3. Data to knowledge 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	National Clinical Audit and Outcome Review Programme 2023/24 Hywel Dda UHB Forward Clinical Audit Programme 2023/24, 2024/25 (draft)
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Clinical Audit Manager Interim Director of Nursing, Quality and Patient Experience

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The principals of audit imply that quality/patient care will be impacted. However, no specific audit results are called out within this report.
<b>Gweithlu:</b> <b>Workforce:</b>	Workforce engagement in Clinical Audit provides an understanding of the impact of quality of service and clinical care delivery, and is a key driver for appraisal for medical staff and professional practice development in all clinical disciplines.
<b>Risg:</b> <b>Risk:</b>	Audit specific risks are contained within service/specialty specific risk registers. This includes non-participation with mandatory national audits.
<b>Cyfreithiol:</b> <b>Legal:</b>	Not applicable
<b>Enw Da:</b> <b>Reputational:</b>	There is the potential for reputational impact when the Health Board does not participate in mandatory audit projects. None of the criteria in the impact assessment apply.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable

## Mandatory National Clinical Audits 2024-25

National Audit Title	Expected Participation 2024-25
National Joint Registry	Yes
National Laparotomy Audit (NELA)	Yes
Case Mix Programme (ICNARC)	Yes
Major Trauma Audit (TARN)	Yes
Renal Registry	n/a
National Early Inflammatory Arthritis Audit (NEIAA)	Yes
National Diabetes Paediatric Audit	Yes
National Adult Diabetes Audit (NDA)	Yes
National Diabetes Core Audit (PC)	
NDA: Diabetes Prevention Programme Audit (DPP)	TBC
NDA: National Diabetes Footcare	Yes
NDA: National Diabetes Inpatient Safety Audit (NDISA)	Yes
NDA: Gestational Diabetes Audit	TBC
NDA: National Pregnancy in Diabetes Audit (NPID)	Yes
NDA: National Integrated Specialist Survey	Yes
NDA: Transition and Young Type 2 Audit	Yes
National Respiratory Audit Programme (NRAP)	Yes
COPD Secondary Care	
NRAP: Adult Asthma Secondary Care	Yes
NRAP: Paediatric Asthma Secondary Care	Yes
NRAP: Pulmonary Rehabilitation	Yes
NRAP: Wales Primary Care Audit	Yes
National Audit of Chronic Obstructive Pulmonary Disease (PC)	Yes
All Wales Audiology Audit	Yes
Stroke Audit (SSNAP)	Yes
National Audit of Inpatient Falls	Yes
National Hip Fracture Database	Yes
Fracture Liaison Service Database	n/a
National Audit of Dementia	TBC
National Audit of Cardiac Rehabilitation	Yes
National Vascular Registry	n/a
National Cardiac Audit Programme (NCAP)	Yes



Myocardial Ischaemia National Audit Project (MINAP)	
NCAP: National Adult Cardiac Surgery Audit	n/a
NCAP: National Audit of Cardiac Rhythm Management (CRM)	Yes
NCAP: National Audit of Percutaneous Coronary Interventions (PCI)	n/a
NCAP: National Congenital Heart Disease Audit (NCHDA)	n/a
National Heart Failure Audit	Yes
National Audit of Mitral Valve Leaflet Repairs (MVLN)	TBC
The UK Transcatheter Aortic Valve Implantation Registry (TAVI)	TBC
National Clinical Audit of Psychosis	Yes
National Audit of Metastatic Breast Cancer	TBC
National Audit of Primary Breast Cancer	Yes
National Bowel Cancer Audit (NBOCA)	Yes
National Oesophago-Gastric Cancer Audit (NOGCA)	Yes
National Lung Cancer Audit	Yes
National Prostate Cancer Audit	Yes
National Ovarian Cancer Audit	TBC
National Pancreatic Cancer Audit	TBC
National Non-Hodgkin Lymphoma Audit	TBC
National Kidney Cancer Audit	TBC
National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy 12)	Yes
National Maternity and Perinatal Audit	Yes
National Neonatal Audit Programme	Yes
Paediatric Intensive Care Network (PICANet)	n/a
National Perinatal Mortality Review Tool (PMRT)	Yes
National Audit for the Care at the End of Life (NACEL)	Yes
Epilepsy 12 Children and Young People National Clinical Audit	Yes