



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 June 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 & 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 & Risk Assurance Committee with an update on the Health Board's Clinical Audit Function and Programmes;
- To provide an update on plans for 2024/25.

**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. This 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 improvement 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 may not be possible without further investment and, 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 the system. The roll out requires training of various staff. Ad hoc training is supplied as well as monthly drop in sessions.

A number of audit projects are also utilising the data collection functionality of the system. This allows auditors to see “live” compliance updates as well as produce various reports and outputs. The CAD are continuing to expand on the number of projects being supported as well as the scope and variety. This is demonstrating the versatility of the system as well as bringing more projects under the umbrella of clinical audit and a shared corporate knowledge of more audit activity.

The system also seeks to maximise the potential of audit projects by helping ask key questions (including those around assurance and risk), making it easier to track projects, produce outputs and upload evidence.

The AMAT system is only funded until January 2025. This is being pursued with the Finance Team.

### **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. 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.

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.

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

The CAD have been pleased to report on some recent success stories in terms of participation. The CAD have changed some internal processes and worked with auditing teams. Clinical Teams have worked hard to achieve this. The CAD will use these examples to utilise with other teams and hopefully achieve similar results.

### 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. This is however a more meaningful and complete measure of the impact of clinical audit.

	2022-2023	2023-2024
<b>Total No. of Projects</b>	55	136
<b>In progress</b>	19 (35%)	104 (76%)
<b>Improvement implementation stage</b>	8 (15%)	42 (31%)
<b>Fully completed</b>	36 (65%)	32 (24%)

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

### Clinical Audit Programme 2023/24

The Clinical Audit Programme for 2023/24 began with a total of 45 clinical audit projects from 13 different service areas (committee/group). There were a total of 54 projects at year end representing additional important audit activity added throughout the time period as well as new interested groups/individuals wanting to add to the programme.

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

FCAP Status	2023/24
Total Projects	54
Completed	7 (13%)
In Progress	17 (31%)
Planning	26 (48%)
Discontinued	4 (7%)

It should be noted that projection 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 in planning 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 yet registered with the CAD. The CAD will continue to work on these projects, ensuring better understanding of the CAP and registration process but it will also require direct engagement from Services.

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

Letters have been sent out to owning groups regarding the 2024/25 CAP. We expect most, if not all projects in progress and planning from the 2023/24 programme to be carried over as well as new additions. Part of this process is to finalise all projects from 2023/24. The initial period for submission to the programme ends on 30 June 2024. Ad hoc projects that are considered of high value can be added to the programme throughout the year.

### **Shared Learning**

The CAD held a programme of Whole Hospital Audit meetings (WHAM) for 2023/24. Four dates have been successfully delivered and the next session will be held on the 19 June 2024. A total of 31 presentations have been received by the Health Board.

The most recent event was held on 6 March 2024 and was Chaired by the Clinical Director for Clinical Audit. It was a whole Health Board event and the following projects were presented:

- Re-audit of Percutaneous Endoscopic Gastrostomy Care (P.E.G)
- National Audit Asthma Audit 2021-22
- Audit of Consent Form 5: Refusal of Blood and Blood Products
- An Audit of Compliance with the British Society for Haematology Guidelines on the Diagnosis, Investigation and Initial treatment of Myeloma

The CAD continues to support the Enabling Quality Improvement in Practice (EQliP) programme by attending event days and giving presentations on the links between QI and Clinical Audit and how they can complement each other. The last event was held on the 23 April 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 & Risk Assurance Committee is asked to:

- Take assurance from the increase in general clinical audit activity for 2023/24;
- Note the lower levels of clinical audit programme activity for 2023/24 and the ongoing work to improve this;
- Note the introduction of AMAT software;
- 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 position of the 2024/25 programme, which will be available to view from July 2024;
- Take assurance from the continued shared learning through WHAM;

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>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.</p> <p>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.</p> <p>3.21 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.</p>
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>	<ol style="list-style-type: none"> <li>1. Safe</li> <li>2. Timely</li> <li>3. Effective</li> </ol> Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	<ol style="list-style-type: none"> <li>3. Data to knowledge</li> <li>4. Learning, improvement and research</li> </ol>
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
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<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
Partïon / 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 & Patient Experience

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: 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: 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: Risk:</b>	Audit specific risks are contained within service/specialty specific risk registers. This includes non-participation with mandatory national audits.
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: 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: Privacy:</b>	Not applicable

**Cydraddoldeb:  
Equality:**

Not applicable