



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	20 June 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Clinical Audit Update and Forward Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, 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)**

Ar Gyfer Trafodaeth/For Discussion

**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 2023/24.

**Cefndir / Background**

The Health Board develops an annual Clinical Audit Programme 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 underway in Wales, though still not at pre-pandemic levels as some audit providers are yet to commence.

In April 2022, Welsh Government wrote to Health Boards informing them that the "assurance process" for mandatory national audits was being stood down. This process was the means by which Welsh Government received action plans from Health Boards regarding key projects. At this time, the Health Board decided to continue with the internal processes of securing action plans for mandatory projects, ensuring that learning and outcomes were considered appropriately and at a senior level.

**Local Clinical Audit Programmes**

The Clinical Audit Department (CAD) liaised with a number of key groups/meetings to establish a programme for 2022/23. A total of 13 local projects were submitted to the programme, which represents a reduction compared with previous years. NCAORP projects are automatically included in addition, bringing the total to 44.

## Asesiad / Assessment

### **Resource for Clinical Audit**

Available resource for clinical audit within the Health Board remains variable within the specialties. Continued staffing deficits within the services has meant a reduction in both national and local activity, although this is improving. Understandably, this has influenced the volume of clinical audit activity and time frames; however, we have no reason to believe that the quality of projects has been affected.

The impact on mandatory audits has meant a reduction in data collection on a small number of projects, as well as delays to developing improvement plans. Both of these elements are monitored and escalated as highlighted under national audits below.

Resource issues within the CAD have been highlighted in 2023 and prior. The Bronglais Office staffing situation was resolved in November 2022 (previously vacant). There are currently 3 clinical audit vacancies out to recruitment, which should be resolved by August 2023. Remaining absences are due to maternity leave and a full complement of staff is expected in November 2023.

Prolonged periods of staff absences have influenced the team's ability to engage fully with services and to drive audit processes e.g. chasing action plans, training opportunities and encouraging more audit activity. The CAD has restructured the way in which they work and are taking advantage of new technology to try to mitigate this.

The new Clinical Director for Clinical Audit, Mr Stefan Bajada, was appointed in November 2022, following the departure of Dr Angeliki Karatasiou in June 2022. The Clinical Director has been working with the CAD, focusing on outcomes from national clinical audits and shared learning.

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

The CAD is implementing the roll out of AMAT software. This is now being used to capture NCAORP audit outcomes and track progress and will be utilised for the 2023/24 clinical audit programme. It will eventually be used for all audit activity. It is currently being used as a background system for all audit activity but there is some "live" functionality (e.g. audit deadline reminders etc.) which will be exploited further.

The new software offers a high level of traceability and transparency for clinical audit projects, clinical guidance, inspections and a platform for carrying out projects.

The CAD has spent some time on training and implementing the new system, supporting and linking with colleagues from other teams using AMAT. The system is still being tested and rolled out and the CAD has engaged with a large number of potential users, including system demonstrations.

Due to the functionality of the system beyond clinical audit, the CAD is able to benefit from links made by the users of other modules (Inspections and Guidance Modules) and weekly meetings are held to triangulate activity, e.g. where the Guidance or Inspection module is being used by a Service, clinical audit activity can also be explored.

The Clinical Effectiveness Team and CAD have been jointly working with Women and Child Health Leads in a coordinated effort and have provided AMAT demonstrations.

The new system is being piloted for use with a number of nurse led audits. The system offers a platform for widespread data collection as well as easy access to audit results and action plans. Infection prevention and control, nutrition and hydration, medicines management and falls related audits are being tested and will be included on the 2023/24 programme once the pilots are completed.

The pilots are testing the system as a regular and systematic data collection platform for multiple users (i.e. monthly audits carried out by hundreds of users).

### **National Clinical Audit**

The Health Board has again contributed 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 and CASP.

The Clinical Audit Manager and Clinical Director are currently working on an expanded system of escalation to complement the above processes. This will include further escalation within the Medical and Nursing Directorates.

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. Historically, Welsh Government will 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.

The above processes are in place to ensure that concerns are raised at the highest level. 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.

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

## **Clinical Audit Programmes 2022/23 and 2023/24**

The CAD has been working with the Services regarding the above programmes. A reduced number of projects were submitted for the 2022/23 programme (13 compared with 21 from 2021/22, 47 from 2019/21). Although there is no target number of audits, we would hope for a small contribution from each senior committee/group. It is important to note that some of the reduction is due to non-mandatory nationals not running, as well as an increased focus on quality and completion of the programme.

The CAD will continue to work with the Services to see these projects through to completion, and all uncompleted projects are carrying over to 2023/24.

The 2022/23 programme is awaiting finalisation; however, approximate figures for local audits are below (national audits are subject to different time frames and are all technically completed and outcomes being chased where delayed):

- 13 total projects
- 7 carrying over to 2023/24
- 0 abandoned
- 6 completed projects

The 6 completed projects are highlighted below. All projects will have an action plan in place that is monitored at fixed intervals by CAD and outcomes are reported to the owning committee or group.

- Discharge Audit (MHLD)
- Start Smart Then Focus Antimicrobial Stewardship Audit\*
- Smoking Cessation Audit\*
- Venous Thromboembolism Lower Leg Immobilisation Audit NICE QS 201 S2
- Venous Thromboembolism Inpatient Audit NICE QS 201 S1
- PEG Care Audit\*

\*These audits already have planned re audits for 2023-24, demonstrating the commitment to quality improvement, assurance and the closing (or continuation) of the audit loop.

Note that the CAD focuses resources on programme audits including NCAORP. There are many other projects in progress within the Health Board with outcomes and improvement plans available. Examples of a small number of these projects can be found in the Whole Hospital Audit List supplied with this paper (Appendix 1).

The 2023-24 programme is currently being compiled and should be finalised in June 2022. The CAD has written to more groups/committees than in previous years and it is evident that a more diverse programme is developing. The CAD is also carrying out a number of engagement meetings to facilitate this, and is continuing to coordinate with the Quality Improvement and Clinical Effectiveness Teams. There has been a great deal of interest in the programme and those teams submitting projects are clearly giving a lot of thought and consideration as to what should be included.

The CASP can identify projects – through the triangulation of available information – that it feels are a particular priority for completion. Where this is the case, the CASP liaises with Service leads, encouraging the completion/commencement of those projects. The CAD will also raise this at the appropriate quality or governance forum. Examples of these include projects around Sepsis and DNACPR.

The 2023-24 programme currently sits at 41 local projects (71 including nationals), which is a significant increase from the previous year. This will likely be an indicator of both the engagement work and a return to higher levels of clinical audit activity.

The 2023-24 programme will be available to view after being finalised on the Clinical Audit sharepoint site.

[https://nhs.wales365.sharepoint.com/sites/HDD\\_Clinical-audit/SitePages/Clinical%20Audit.aspx](https://nhs.wales365.sharepoint.com/sites/HDD_Clinical-audit/SitePages/Clinical%20Audit.aspx)

### **Clinical Audit Reporting**

The Clinical Audit Scrutiny Panel (CASP) has continued with its work plan and meetings, which has included discussions on current and future programmes, the risk register, as well as targeting work around participation concerns with mandatory audits. As a result, the CAD and Chair have met with various audit and service leads. Some examples below:

- Cardiology Service – Clinical Director met with the Service Delivery Manager (SDM) and Clinical Lead. Clinical Audit Manager had follow up meeting and an improvement plan is in place.
- Respiratory Service – CAD met with SDM and Clinical Lead. “Owning Group” established and forum to discuss audit outcomes Health Board wide. Improvements made to participation rates.

The CAD and CASP have been monitoring all national audits, including the tracking of audit outcomes.

The new Clinical Director for Clinical Audit now Chairs the Panel.

The Effective Clinical Practice Advisory Panel (ECPAP) continues to meet and the CASP has submitted a report to each of the Panel meetings.

### **Shared Learning**

The CAD held a programme of Whole Hospital Audit meetings (WHAM) for 2022/23. Four dates have been successfully delivered and the next session will be held on 21 June 2023.

The CAD alternates between site based learning and Whole Health Board events. The Clinical Director for Clinical Audit Chairs the Health Board wide events.

A total of 38 presentations have been received by the Health Board, including 7 NCAORP. A list of these projects has been provided for interest (Appendix 1).

The CAD has been supporting 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 Clinical Audit Manager has also engaged with multiple QI projects offering advice and support. There are also further links established for audit work related to QI, e.g. Venous Thromboembolism and Anaphylaxis work streams.

The CAD regularly meets with the Clinical Effectiveness team to triangulate clinical audit and clinical guidance initiatives, e.g. Record Keeping, Venous Thromboembolism, etc.

## Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- Take assurance from the increase in clinical audit programme activity for 2023/24;
- Note the low levels of clinical audit activity for 2022/23;
- Note the continued development of the clinical audit function with 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 2022/23 and 2023/24 programmes, which will be available to view from July 2023;
- Take assurance from the continued shared learning through WHAM;
- Note the appointment of a new Clinical Director for Clinical Audit.

### 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>3.22 The Audit and Risk Assurance Committee will also seek assurances where a significant activity is shared with another organisation and collaboratives, in particular the NHS Wales Shared Services Partnership, Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee and other regional committees. The Audit and Risk Assurance Committee will expect to receive assurances from internal audit performed at these organisations that risks in the services provided to them are adequately managed and mitigated with appropriate controls.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	No longer on the risk register. 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>
Galluogwyr Ansawdd: Enablers of Quality:	<ol style="list-style-type: none"><li>3. Data to knowledge</li><li>4. Learning, improvement and research</li></ol>

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
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>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	National Clinical Audit and Outcome Review Programme 2022/23 (new plan not released yet) Hywel Dda UHB Forward Clinical Audit Programme 2022/23, 2023/24 (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 Assistant Director of Nursing and Quality Improvement

<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>	Not applicable 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>	Not applicable
<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
<b>Cydraddoldeb: Equality:</b>	Not applicable





## Whole Hospital Audit Meeting (WHAM)

### Shared Learning at Events 2022/23

AUDIT TITLE	Presenter
Inpatient VTE Audit	Dr Michael Gregg Dr Antony Lisacek-Kiosoglous
Peri-operative blood management in hip fracture patients	Dr Prameshtha Khoju Shrestha
Acute Laparoscopic Cholecystectomy (Re-Audit)	Dr Ryan Rees Mr Samy Mohamed
IVT safety form– reaudit	Mrs Gayathri Sreekanth
Re-audit of rate of “negative” emergency appendicectomy	Dr Mailen Sganga
Visual And Safety Outcomes of Ozurdex 0.7mg Intravitreal Implant for Treatment of Diabetic Macular Oedema	Mr Babar Khan
Audit on Preoperative Assessment of the Axilla in Early Breast Cancer	Dr Darren D’Souza & Dr Anita Huws
Appropriateness of Inpatient Telemetry Requests and Their Outcomes	Dr Senthil Elangovan
An audit on histological margins in all planes following standard surgical excision	Dr Nivedita Manu
Scaphoid Re-audit	Sian Edwards ANP
General Surgical Team Compliance with Antibiotic Guidelines for Treating Patients with Acute Diverticulitis	Mr Ibrahim Elnagar
General Surgical Team Compliance with VTE Risk Assessment and Prescription Re-audit	Mr Ibrahim Elnager
Urgent Suspected Cancer (USC) Radiography Referrals – Compliance to NICE Guidelines	Dr Ting/Rhys Morris
Quality of Discharge Letters (DALs) Ensuring Safe Communication to Patient and Primary Care	Dr Abdulqudus Deeknah
Outcomes of Total Laparoscopic Hysterectomy in Hywel Dda Hospitals	Dr Ahmed Ellaboudy
Re-audit of Compliance with NICE TA375: Abatacept Use in Patients with Rheumatoid Arthritis (W1939)	Dr Abdollah Abdelaleem
An Audit of Airway Assessment Documentation (W1931)	Dr Randeep Dhaliwal
Venous Thromboembolism Lower Leg Immobilisation Audit (W1943)	Dr Helai Kousha
Management of Ectopic Pregnancies at HDUHB (H56)	Dr Rishu Tandon



<b>Start Smart then Focus All Wales Antibiotic Audit</b>	Rhiannon Robinson
<b>National Paediatric Diabetes Audit (NPDA)</b>	Dr Simon Fountain-Polley
<b>National Diabetic Footcare Audit (NDFA)</b>	Rhiannon Roberts
<b>National Emergency Laparotomy Audit (NELA)</b>	Dr Ramesh Shrestha
<b>National Maternity &amp; Perinatal Audit (NMPA)</b>	Kathryn Greaves
<b>Post-operative Complication Rates in The Breast Unit Prince Philip Hospital</b>	Dr Megan Gurney & Dr Anita Huws
<b>Monitoring of Metabolic Changes for Patients on Antipsychotics</b>	Dr Ayesha Javaid
<b>Speciality Doctor in Paediatrics Paracetamol Overdose</b>	Dr Jenita Hapuarachchi
<b>Scaphoid Audit (re audit)</b>	Sian Edwards
<b>Quality of The Remote (video) Rheumatology Clinics Under the Attend Anywhere Software</b>	Dr Aadi Rajaseharan & Dr Manivannan Prathapsingh
<b>Operative Note Keeping in Elective Orthopaedic Surgery</b>	Dr Joseph Latham
<b>Blood Pressure Management in Acute Spontaneous Intracerebral Haemorrhage During First 7 days</b>	Dr Amith Kularathna
<b>Lithium Monitoring Under Shared Care Protocol</b>	Dr Joseph Polson
<b>Head Injury Audit</b>	Dr Antony Mathew
<b>Percutaneous Endoscopic Gastrostomy Care (P.E.G) Audit</b>	Linda Broomfield
<b>Audit of Safety and Diagnostic Adequacy of CT-Guided Percutaneous Lung Biopsies in HDUHB</b>	Dr Emencheta Okwudire Dr Andrew Richards
<b>TARN Audit</b>	Dr Stuart Gill
<b>National Early Inflammatory Arthritis Audit (NEIAA) Audit</b>	Dr Julie Barber
<b>All Wales Audiology Audit Report (Adult and Paediatrics Quality Standards)</b>	Jane Deans