



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Audit Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Ian Bebb, Clinical Audit Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

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.

The National Programme for 2023/24 has not yet been published by Welsh Government, however, the Health Board is very familiar with the list of mandated projects which does not change significantly from year to year.

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.

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 13 local projects were submitted to the 2022/23 programme, which represents a reduction compared with previous years. NCAORP projects are automatically included in addition, bringing the total to 44.

Asesiad / Assessment

Audit Management and Tracking (AMAT) Software

The CAD is continuing the roll out of the AMAT software. Withybush and Glangwili Hospitals are now both utilising the “live” registration of audits through the system. Clinical Audit processes and policy will be formally updated to reflect the new approach once it has been embedded fully. Feedback from clinicians has been very positive to date.

The Health Board wide Consent Audit is utilising the data collection platform aspect of the system and is currently underway. There are also other projects that are in the process of being set up on the system such as Information Governance, Infection Control and documentation audits. 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.

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 and CASP.

The Clinical Director for Clinical Audit presented to the Medical Leads meeting in September 2023 to discuss certain aspects of the audit function. There have been some concerns regarding participation in a small number of projects, as well as delays to submission of improvement plans. The outcomes of this meeting are:

- All NCAORP audits are considered mandatory and must be participated in
- All NCAORP audits require Health Board Leadership
- The current escalation method was agreed
- Further concerns will be escalated to the Deputy Medical Director

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

Clinical Audit Programme 2023/24

The Clinical Audit Programme for 2023/24 has a total of 45 different clinical audit projects from 13 different service areas (committee/group) representing an increase from previous years. NCAORP projects are automatically included in addition, bringing the total to 75.

This represents a large increase from the previous year and demonstrates that more service areas are developing forward programmes for their audit activity. More projects are expected to be added to the programme throughout the year and some of these will cover some core/key topics but have not yet been finalised.

Shared Learning

The CAD is continuing to run the Whole Hospital Audit Meetings (WHAM). The most recent event was held on 28 September 2023 and was Chaired by the Clinical Director for Clinical Audit. It was a whole Health Board event and the following projects were presented:

- Appropriateness of Usage of Computed Tomography Pulmonary Angiography (CTPA) in Investigation of Suspected Pulmonary Embolism
- Health Board-Wide DNACPR Audit
- Hywel Dda Mortality Review
- Audit of the use of Intravenous Antifungal Agents in HDUHB
- Smoking Cessation

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 CAD regularly meets with the Clinical Effectiveness team to triangulate clinical audit and clinical guidance initiatives.

Withybush Hospital

It is anticipated that the major incident declared at WGH will have a significant impact on clinical audit activity including NCAORP. A number of audits will no longer be relevant at this site due to the relocation of services. This does not pose a risk as those services will no longer be provided at that site. Due to the higher volume of patients at other sites we may see a decline in audit participation due to clinical pressures, audit volume increases and restructure of services. The impacts of this will be monitored by CASP.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to:

- Take assurance from the increase in clinical audit programme activity for 2023/24;
- 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 involvement of Medical Leadership over engagement concerns with mandatory audits;
- Take assurance from the continued shared learning through Whole Hospital Audit Meetings.

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:	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 Quality and Engagement Act (sharepoint.com)	<ol style="list-style-type: none">1. Safe2. Timely3. Effective
Galluogwyr Ansawdd: Enablers of Quality:	<ol style="list-style-type: none">3. Data to knowledge4. Learning, improvement and research

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	2b Employer of choice
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	The principals of audit imply that quality/patient care will be impacted. However, no specific audit results are called out within this report.
Gweithlu: Workforce:	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.
Risg: Risk:	Audit specific risks are contained within service/specialty specific risk registers. This includes non-participation with mandatory national audits.
Cyfreithiol: Legal:	Not applicable

Enw Da: Reputational:	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.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable