



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 April 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Audit Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	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 current state of the Health Board's Clinical Audit Function;
- To provide an indication of plans for 2021/22.

Cefndir / Background

During the COVID-19 pandemic there has been a significant reduction in the demand and available resource for clinical audit activity.

The Clinical Audit Department (CAD) was significantly reduced during 2020. This was due to the deployment of staff to critical roles, including the Manager and other staff being deployed to the COVID-19 Command Centre. The CAD also carried a large number of senior vacancies during 2020.

Due to the response to the COVID-19 pandemic, clinical teams have been less able to engage in audit activity. While many audit projects are being maintained, and new audits are underway, some projects and audit reporting requirements have presented challenges. Welsh Government has recognised this and has accepted delays in reporting and audit outcomes, both from the national audit providers and from Health Boards.

On 19th March 2020, the Deputy Chief Medical Officer wrote to Health Boards indicating that all clinical audit data collection would be suspended. Welsh Government arrived at this decision in consultation with the Healthcare Quality Improvement Partnership (HQIP) who run the National programme.

There is no expectation from Welsh Government that data collection will be completed retrospectively after the crisis has abated.

Clinical Audit Programmes and reporting

The demand for all clinical audit activity fell sharply once preparations for COVID-19 began. The decision was made not to continue with preparations for the 2020/21 programme as not to overburden clinical services during this crisis. Instead, clinical audit activity would be extended and combined in to one report for the period 2019 - 2021.

The Clinical Audit Manager and the previous Clinical Director for Clinical Audit wrote to services in July 2020, asking them what the capacity and appetite was for clinical audit in 2020/21. Some projects have continued during this time, namely some of the key national projects, as well as a number of local projects.

Asesiad / Assessment

Resource for Clinical Audit

All clinical audits are carried out by the clinical teams. The majority of staff from these teams remain focused on clinical activities or are deployed to critical roles. As a result, most clinical audit and quality assurance/improvement activity has been stood down by the services. A number of areas have begun to resume clinical audit. Other than the national programme, this is on an ad hoc basis.

The CAD has recruited to the vacant posts within the Department and is now almost at a full complement. Training of new staff has been challenging but the CAD is continuing to progress audit work for 2021.

A new Clinical Director for Clinical Audit, Dr Angeliki Karatasiou was appointed in February 2021. The new Director will work with the Clinical Audit Manager and the Clinical Teams to build a stronger clinical audit programme, as well as consider the processes and governance around clinical audit projects.

National Clinical Audit

The mandatory audit programme continues to be suspended by Welsh Government to allow Health Boards to allocate resources to the pandemic response. The last communication with Welsh Government was during a National Clinical Audit Webinar held on 10th February 2021. Discussions were around how to further integrate clinical audit with other initiatives (e.g. Value Based Healthcare) and there was a desire to reinstate the programme in 2021. It was indicated that this decision would likely be made after the upcoming elections.

Although there is no mandated expectation to do so, the Health Board has maintained a number of the national projects. The list below includes the projects being maintained (in varying ways) that the CAD is aware of at time of reporting:

- National COVID-19 Audit
- Major Trauma Audit
- National Joint Registry
- National Diabetes Foot Care audit
- National Asthma and COPD audit programme
- National Early Inflammatory Arthritis
- National Audit of Inpatient Falls
- National Hip Fracture database
- National Heart Failure

- Myocardial Ischaemia National Audit Project (MINAP)
- National Paediatric Diabetes
- Sentinel Stroke National Audit Programme
- National Cancer audits would still routinely collect data as part of a normal working pattern and this is likely to be true for other audits

Further work is currently being carried out by the CAD to evaluate more accurately the participation levels over the last 12 months. This will be reported through the Annual Clinical Audit Report.

The Risk Register has been adjusted accordingly to reflect the reduced participation in audit, which is expected to resume in full once services have returned to pre COVID activity. Once the programme has been reinstated, any continued non-compliance will be addressed through the Clinical Audit Scrutiny Panel and reported to the Operational Quality and Safety Forums.

Clinical Audit Programme 2019/21

There are currently 40 local Clinical Audits and 34 National Clinical Audits included on the 2019-21 programme. The outcomes of these will be reported through the annual clinical audit report to this committee, the Quality, Safety & Experience Assurance Committee (QSEAC), the Clinical Audit Scrutiny Panel (CASP) and the Effective Clinical Practice Advisory Panel (ECPAP). The report will also include details of non-programme audits conducted.

A small number of COVID-19 related audits have been undertaken, including a National COVID-19 audit.

Assessment of Reporting

During the last 12 months, CASP has met in May, July, September and November 2020, and January 2021. Although clinical audit activity had been largely suspended, the Panel sought to continue with its work plan and seek assurance from the services on some outstanding areas, as well as agree its forward work plan.

The ECPAP has met in September and November 2020, and March 2021.

The Clinical Audit Manager has also provided two reports for QSEAC and a prior report to this Committee in August 2020. The reports to QSEAC included evidence of audit outcomes and improvement plans for a selection of national audits.

Shared Learning

The CAD has resumed its programme of Whole Hospital Audit meetings (WHAM) for 2021 in line with pre COVID plans. Four dates have been agreed for 2021 and WHAMs will be conducted simultaneously on each of the four acute sites to allow for a Health Board wide forum when appropriate, as well as reduce the impact of these sessions on clinical time.

The first of these was held on 10th March 2021. A digital platform was used, and a total of 10 presentations were given across the Health Board, with additional sessions on Governance held at some sites. The CAD will continue to utilise and build on this format for the remainder of the year. Attendance at the sessions was very good, despite the current climate.

Work Plan for 2021/22

The Health Board, with the support of the Clinical Audit Department, will continue to finalise the outcomes of the 2019/21 programme ready for reporting in August 2021. The 2021/22 programme will be shared with this committee, CASP and Operational Quality and Safety Forums.

The CAD is currently engaging with the services to develop the 2021/22 programme. The team is aware that this will require increased engagement to build a successful programme, and is committed to doing so. The new programme will seek to focus on the recovery from COVID-19, reflecting audits that assess care during and after, provide evidence for effective new ways of working, service redesign or areas that have been identified as a risk during the pandemic.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- Note the continued reduction in clinical audit activity during the COVID-19 outbreak;
- Note the continued decision from Welsh Government to suspend audit data collection;
- Note the decision to combine 2019/20 and 2020/21 into one report in 2021;
- Note the appointment of a new Clinical Director for Clinical Audit;
- Note the re-commencement of WHAM, the forward audit programme process and annual reporting.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference

Cyfeirnod Cylch Gorchwyl y Pwyllgor

- 5.3 In carrying out this work the Audit & Risk Assurance 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.
- 5.9 Provide assurance with regard to the systems and processes in place for clinical audit, and consider recommendations from the Effective Clinical Practice Sub-Committee on suggested areas of activity for review by internal audit.
- 5.21 The Audit & Risk Assurance Committee and the Quality, Safety & Experience Assurance Committee both have a role in seeking and providing assurance on Clinical Audit in the organisation. The Audit & Risk Assurance Committee will seek assurance on the overall plan, its fitness for purpose and its delivery. The Quality, Safety & Experience Assurance 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:	Nursing Quality and Patient Experience (NQPE 29 CRR123)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation 3.5 Record Keeping
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 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:	Palmer Report, July 2014 http://gov.wales/docs/dhss/publications/140716dataen.pdf National Clinical Audit and Outcome Review Programme 2018/19 & 2019/20 Clinical Audit SBAR to ARAC, January 2019, March 2019, August 2019 Hywel Dda UHB Forward Clinical Audit Programme 2019/21 Annual Clinical Audit Report 2018-19 Letter from Deputy Chief Medical Officer, 19 th March 2020 re: National Clinical Audit Programme
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 Director of Nursing, Quality & Patient Experience Clinical Director of Clinical Audit

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	None.
Ansawdd / Gofal Claf: Quality / Patient Care:	Failure to participate in clinical audit and to conduct it effectively could lead to concerns not being identified and subsequent improvements in services not being made. During the COVID-19 pandemic participation in these projects could prove more harmful by diverting resources

	away from critical services. The aim therefore is to maintain quality albeit at the cost of not collecting data or reporting on it.
Gweithlu: Workforce:	The workforce has been heavily effected during COVID-19. Most available resource for clinical audit has been utilised elsewhere. There is also a significant number of staff vacancies in the CAD which will reduce capacity within the team until training can be completed.
Risg: Risk:	Potentially failure to conduct particular audits appropriately will lead to risk and/or legal implications. There is a risk that we cannot be assured of clinical standards or outcomes with the failure to participate fully in audit.
Cyfreithiol: Legal:	See above
Enw Da: Reputational:	Ordinarily there is a reputational impact for the Health Board in non-compliance and participation with the National Clinical Audits which are publicly reported. During COVID-19 the national programme has been suspended so there should not be an impact in this regard.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	There is some variability in participation for National Audit across the organisation which means that practice cannot be compared locally or nationally and inequality of care may not be identified. This does not have a direct impact on equality - only that it is more difficult to measure. The situation is improving.