

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 August 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Clinical Audit Update
<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 (ARAC) with:

- An update on the status of the Clinical Audit Annual Report 2019/20;
- An update on the current state of the Health Board's Clinical Audit Function;
- An indication of plans for 2020/21.

**Cefndir / Background**

The Health Board resolved to carry out a forward planned clinical audit programme and to produce an annual report that would be presented to ECPSC, QSEAC and ARAC. A formal programme of audits was initiated in 2018/19 and the first annual report was produced and presented to ARAC in August 2019.

A second programme was compiled for 2019/20, and was being undertaken by the Health Board with the aim of completing this in April/May 2020, and producing the second annual report for presenting to ARAC in Aug 2020. The report and programme would attempt to focus further on patient outcomes and provide more clarity as to the benefits of the projects to both the organisation and to patients.

**Asesiad / Assessment**

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

**Resource for Clinical Audit**

It is important to frame this report in the context of staff deployment during the outbreak. All clinical audits are carried out by the clinical teams. The majority of staff from these teams have been focused on clinical activities or deployed to critical roles. As a result, most clinical audit and quality assurance/improvement activity has been stood down by the services. This has included improvement work and action planning following audit reports.

The Clinical Audit Department (CAD) continues to have limited support available to offer, with a number of vacancies and most team members being deployed since March 2020 to other critical areas. Remaining capacity has been focused on successfully maintaining the All Wales Mortality Review process, as well as supporting audit reporting (e.g. monthly Hip Fracture), data entry and data collection for those auditing teams who have chosen to continue with their projects. Whilst some CAD staff have now returned to the team, a number will remain committed to the COVID-19 Command Centre, until they are replaced with permanent appointments from September 2020 onwards.

The CAD were in the process of advertising for 2 posts in February 2020. These were unfortunately postponed due to the pandemic. The CAD is now in the process of recruiting 4 replacement posts as 2 more staff members have left during this time period.

### **National Clinical Audit**

On 19<sup>th</sup> 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. This was not an outright ban on audit data collection, and those wishing to continue have been allowed to do so. Individual audit providers have been given discretion regarding how to manage the production of reports for existing data; although few reports have been produced. There is no expectation from Welsh Government that data collection will be completed retrospectively after the pandemic has abated.

Welsh Government are currently seeking to determine the best approach in reinstating the national programme. Whilst a few projects have been reinstated for key performance data, the main programme remains suspended. A mandatory National Audit of COVID-19 is now the primary focus of the programme, and the Health Board is committed to its implementation.

Although there is no mandated expectation to do so, the Health Board has maintained a number of the national projects during this unprecedented time. The list below includes the projects being maintained (in varying ways) which 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
- 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

### **Clinical Audit Programme 2019/20 & 2020/21**

The demand for all clinical audit activity fell sharply once preparations for COVID-19 began. The CAD were preparing to finalise outcomes of the 2019/20 programme and were in the process of developing the 2020/21 programme in February/March 2020. These processes were not

completed due to the clinical teams reducing or ceasing audit activity. The decision was made not to continue with preparations for the 2020/21 programme so as to not over-burden clinical services during this crisis. This decision was made in conjunction with the decision from Welsh Government to suspend audit activity.

The Clinical Audit Manager and 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. Certain projects have continued during this time, namely some of the key national projects which are detailed above, as well as a small number of local projects.

### **Clinical Audit Annual Report 2019/20**

The annual report is compiled by the Clinical Audit Manager and Department during March to June. Due to staff deployment (primarily the Clinical Audit Manager) there has been no capacity to complete this report, which represents a significant undertaking. The 2019/20 programme, which would form the main content for the report, was also not completed.

The decision has been made to not produce a report for 2019/20. The production of a report has not been possible during the current crisis and would severely impact on future work if it was to be completed retrospectively in the future.

### **Clinical Audit Scrutiny Panel (CASP)**

During the pandemic, the Panel has met in May and July 2020, and will continue to do so every two months. Although clinical audit activity had been largely suspended, the Panel sought to continue with its work plan and seek assurance from the services on a number of outstanding areas, as well as agree its forward work plan.

### **Impact Assessment**

The reduction in clinical audit activity will have an impact both for the Health Board and nationally. A large number of audits have, understandably, not been carried out during this time. The impact of this will be somewhat mitigated by the reduction in the number of patients and consequently insufficient patient samples for effective data collection. This will certainly apply to all elective admission based audits (e.g. National Joint registry, Audiology, Cardiac Rhythm Management etc.).

Services will have been unable to demonstrate through audit, their ability to meet standards of care. There will also be little to no improvement work being carried out during this time. Whilst the focus of all clinical services will be on COVID-19, there will be insufficient data available or collected to inform these audits. The advice from Welsh Government is that the burden of retrospective data collection, as well recovering from the outbreak, would be untenable.

One of the key goals of the national programme is to benchmark practice against other Health Boards. This will not be an issue at this time, as every Health Board and trust will be in a similar position.

From a risk perspective, the decrease in clinical audit will be mitigated through the use of DATIX incident reporting when there are deviations in practice or quality of care.

A position statement on Clinical Audit, containing most of the information within this SBAR (barring any recent developments) was presented and agreed at QSEAC on 9<sup>th</sup> June 2020.

## Work Plan for 2020/21

The Health Board, with the support of the Clinical Audit Department, will continue to finalise the outcomes of the 2019/20 programme. It will also consider audits that are added for 2020/21 when services are able to engage more in quality improvement activity. In essence, this will create a combined programme for 2019-2021 that will be reported on in 2021.

The CAD will recruit to the replacement posts as soon as possible, and carry out training of the new team members over the next few months.

Whilst only in its second year, the current approach to clinical audit understandably requires more refining and engagement to ensure Health Board-wide commitment to the new approach. The CASP will meet in August/September 2020 to discuss further work around bringing together varying aspects of quality improvement, risk, assurance, policy control and guidance implementation (represented by CASP members). The aim is to ensure that clinical audit programmes are more inclusive of the key risks and priorities of the organisation, and that there is engagement from all service areas.

## Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- Discuss the reduction in clinical audit activity during the COVID-19 outbreak and the impacts highlighted;
- Note the decision from Welsh Government to suspend all audit data collection and the continuing suspension;
- Note the focus of resources on the National COVID-19 Audit;
- Note the decision to combine the 2019/20 and 2020/21 clinical audit programmes into one report in 2021;
- Note the continuation of some key assurance-related audit work through CASP, and future meetings to plan and agree an improved approach for the future.

## 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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	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 <a href="http://gov.wales/docs/dhss/publications/140716dataen.pdf">http://gov.wales/docs/dhss/publications/140716dataen.pdf</a> 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 2018/19 Annual Clinical Audit Report 2018-19 Letter from Deputy Chief Medical Officer, 19 <sup>th</sup> March 2020 re: National Clinical Audit Programme
Rhestr Termiau: Glossary of Terms:	ARAC – Audit & Risk Assurance Committee CAD – Clinical Audit Department COPD – Chronic Obstructive Pulmonary Disease ECPSC – Effective Clinical Practice Sub-Committee MINAP – Myocardial Ischaemia National Audit Project NCAORP – National Clinical Audit and Outcome Review Plan QSEAC – Quality, Safety & Experience Assurance Committee

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, Quality Improvement and Service Transformation Director of Nursing, Quality & Patient Experience Clinical Director of Clinical Audit
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	None.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	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.
<b>Gweithlu:</b> <b>Workforce:</b>	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.
<b>Risg:</b> <b>Risk:</b>	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.
<b>Cyfreithiol:</b> <b>Legal:</b>	See above
<b>Enw Da:</b> <b>Reputational:</b>	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.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	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.