Meeting Date	24 May 2022	Agenda Item	3.1
Report Title	Clinical Audit and Effectiveness Report, Clinical Audit Priorities 2022/23		
Report Author	Sharon Rağbetli, Clinical Audit & Effectiveness Manager		
Report Sponsor	Richard Evans, Executive Medical Director		
Presented by	Richard Evans, Executive Medical Director		
Freedom of Information	Open		
Purpose of the Report	In presenting to the Committee the priorities for clinical audit for the 2022/23 period, the report describes the approach taken to identify topics at various levels.		
Key Issues	The Health Board is mandated to participate in a national programme of audit and registry topics relevant to the services it provides. Previously this was adopted as the only forward clinical audit plan for the Health Board. In 2021 the Executive Medical Director revised the Clinical Audit and Effectiveness Policy to introduce a hierarchy of priorities for audit activities. This approach has been introduced for the new audit year.		

Specific Action Required *(please choose one only)*	Information	Discussion	Assurance	Approval
	☒	☐	☒	☐

Recommendations	Members are asked to: Note the report.

CLINICAL AUDIT AND EFFECTIVENESS REPORT, CLINICAL AUDIT PRIORITIES 2022/23

1. INTRODUCTION

The purpose of this report is to present the Clinical Audit Priorities for the 2022/23 period, in line with the revised Clinical Audit and Effectiveness Policy.

2. BACKGROUND

The Health Board is required to participate in all mandated national audits/registries and clinical outcome reviews that are relevant to the services it provides. Under normal circumstances the list is refreshed and published annually by the National Clinical Audit and Advisory Committee.

The list has remained unchanged during COVID-19 but is expected to be refreshed imminently. Currently 38/40 projects included are relevant to the Health Board, in addition to the Clinical Outcome Review Programme (formerly NCEPOD) studies collecting data during the period (Appendix 1).

Since 2015 this list of mandated topics had served as the only forward audit plan for the Health Board.

In the revised Clinical Audit and Effectiveness Policy released in September 2021, the Executive Medical Director and Deputy Chief Executive set out his vision for a hierarchy of audit incorporating; the mandated nationals, Health Board Priority Topics, Service Delivery Group Level Plans, Specialty/Departmental Level Plans and emergent necessary ad-hoc projects:
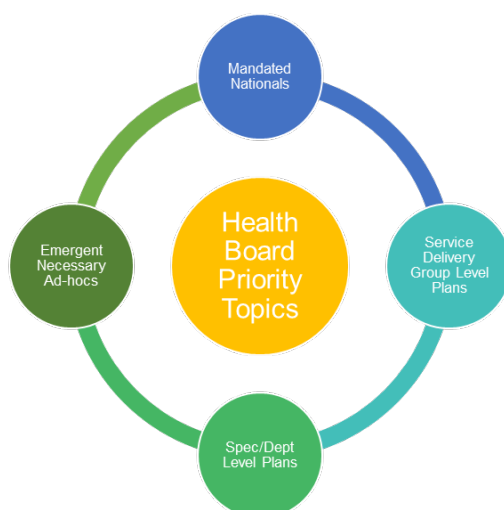

Figure 1: Hierarchy of Audit Priorities

The Health Board Priority topics as identified by the Executive Medical Director are

- End of Life Care
- Do Not Attempt Resuscitation
- Consent to Examination and Treatment
- WHO Surgical Checklist
- Antimicrobial Stewardship
- Use of Chaperones

A recently successful bid to secure two year's licence fee free use of the Audit Management and Tracking system (AMaT) will support Service Delivery Groups and departments with improved monitoring and reporting on progress of the various levels of activity and any resulting action plans.

3. GOVERNANCE AND RISK ISSUES

As indicated, the mandated programme is dictated by Welsh Government and follows that of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) managed and commissioned by the Healthcare Quality Improvement Partnership (HQiP). Participation is monitored by COEG and completion and submission of two-stage assurance forms offers insight into actions taken locally to meet national recommendations resulting from publication of results.

The Health Board Priority Topics were identified by the Executive Medical Director. The Clinical Audit and Effectiveness team are working with identified leads to finalise uniform electronic data collections tools. Each topic will be launched via COEG meetings to discuss and agree expectations in terms of timelines and case numbers.

The Clinical Audit and Effectiveness team engaged with Service Delivery Groups and departments to review and cleanse defunct existing audit proposals. They were provided with a template to collate their planned requirements in addition to the priorities outlined above.

It is hoped that the combination of topics identified from these four levels will meet both the needs of the Health Board and doctors and health professionals in training. However, it is recognised that emergent, necessary topics are likely to be flagged up in-year. These will follow a proposal and approval process via identified leads/forums. They should not be undertaken at the expense of planned activity unless absolutely necessary e.g. in response to an outlier status, identified risks etc.

If Service Delivery Groups/departments have completed or allocated all planned topics, they may wish to consider identifying additional topics or reviewing new suggestions via the proposal system outlined above.

The expectation is that the Service Delivery Groups/departments will actively monitor completion and outcomes of their plans, in addition to ensuring compliance with the requirements of the HB Priority Topics. All levels of activity will be monitored by

COEG and reported up to the Quality Safety Governance Group, who in turn report to the Quality Safety Committee.

Long term, the aim is to embed a new culture in terms of the prioritisation of audit activities, while balancing the need to meet requirements placed on doctors and healthcare professionals in training. The approach aims to ensure that in identifying known audit requirements to address concerns or to provide assurance, that wasted time and resources can be prevented and projects completed.

The responsibility to ensure that projects are completed and reported in a timely manner and that action plans have been agreed needs to fall to the Service Delivery Groups and Departments, supported by AMaT. Additional impact and benefits of AMaT will be monitored with a view to consideration of continued use, supported by a business case.

The complete schedule of clinical audits for 2022/23, incorporating national, Health Board, Service Group and Directorate priorities have now been collated and formalised into a single plan (Appendix 2).

4. FINANCIAL IMPLICATIONS

The Clinical Audit and Effectiveness Department is aware that the Associate Nurse Director, Corporate Nursing, is pulling together a business case for additional digital and administrative resources to support implementation and rollout of AMaT within Nursing. The case will be submitted to the Nursing Management Board.

Consideration of how continued use of the system through payment of licence fees will be required once AMaT is assessed and confirmed as integral to the Health Board in supporting multiple work-streams as described above.

5. RECOMMENDATION

The Audit Committee is asked to note the report.

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☐
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

Quality, Safety and Patient Experience

Compliance with national topics provides an opportunity to benchmark performance for quality, safety and patient experience, while the appropriate identification and planning of necessary local topics can support improvements and provide assurance.

Financial Implications

Currently a proposal for additional resources to support implementation and roll out of the Audit Management and Tracking system (AMaT) within Nursing is being pulled together. The system has been provided licence fee free for a two-year period. During that time the benefits and impact of the system are expected to be wide ranging and a business case will be required to secure additional funding for its continued use if deemed appropriate.

Legal Implications (including equality and diversity assessment)

None.

Staffing Implications

Existing staff will be utilised as much as possible through service redesign to facilitate use of AMaT within the different work-streams, as it replaces existing systems e.g., Clinical Audit, Information Governance, Risk and Assurance.

All necessary training is provided by AMaT.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Long term the aim is to embed a new culture in terms of the prioritisation of audit activities, while balancing the need to meet requirements placed on doctors and healthcare professionals in training. The approach aims to ensure that in identifying

known audit requirements to address concerns or to provide assurance, that wasted time and resources can be prevented through collaboration with the Executive team, the Service Delivery Groups and specialties/departments in planning the topics.	
Report History	A report to the Audit Committee is made twice yearly.
Appendices	**Appendix 1**: WHC: NHS Wales National Clinical Audit and Outcome Review Plan 2019/20 **Appendix 2**: Swansea Bay UHB Clinical Audit Plans 2022/23