



AGENDA ITEM

2.1.3

AUDIT COMMITTEE

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)
FORWARD PLAN FOR CLINICAL AUDIT 2020 - 2021**

Date of meeting	13/04/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Townsend - Head of Clinical Audit and Quality Informatics
Presented by	Dr Nick Lyons – Executive Medical Director
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Audit & Risk Committee	(DD/MM/YYYY)	NOTED

ACRONYMS

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1. SITUATION/BACKGROUND

- 1.1. The Clinical Audit Forward Plan 2020-2021 for Cwm Taf Morgannwg University Health Board (CTMUHB) was submitted to the October Audit and Risk Committee for noting, but requires formal approval. Therefore, the committee is asked to Approve the 2020-2021 Health Board plan. Clarity on reporting has been confirmed in that the plan will be received at every other bi-monthly meeting.

There were a couple of queries following receipt of the report at the October meeting as follows:

Acknowledging the potential shortfalls that may impact the National and Local plans as a result of delays following the response to Covid-19 – are you able to indicate revised timescales and the key issues the Committee need to be aware of in respect of their role in overseeing the plan?

In terms of the Audit & Risks Committees responsibilities in terms of monitoring the CTM Clinical Audit Forward Plan that is to ensure that we have a plan in place that the organisation has approved. This is a Welsh Government (WG) requirement.

The Red, Amber, Green (RAG) rated compliance position within the report provides assurance against our performance for the previous year in relation to participation in each audit. Therefore, if compliance was red (meaning we did not collect or submit our data within the national audit agreed timeframe) then the committee would be responsible for challenging our performance and ensuring that we have mitigating actions in place to ensure full participation for the next year.

The responsibility for monitoring compliance against the actual outcomes of each national audit in terms of the findings from the associated published reports sits with the Quality and Safety Committee (QSC). Where the Health Board is identified as an outlier or where areas of clinical care could be improved then that would form part of an SBAR submission to QSC for review with an associated action plan, usually within 3 months following the release of each national audit report.

In relation to the key risk identified in relation to Ophthalmology on page 4 are you able to expand further on this risk, the control measures and action being taken?

Ophthalmology audit: This was an audit that formed part of the Welsh Government (WG) mandated tier 1 national audits plan up until September 2019. When Bridgend transitioned across into the new CTMUHB it was identified that whilst part of Abertawe Bro Morgannwg UHB (ABMUHB), Bridgend did not participate in this national audit and so the funding that was provided centrally for this audit in terms of software, training and installation requirements was not taken up/implemented for Bridgend. This audit then ceased to be part of the WG



forward plan for 2019/2020, but WG recommended that organisations should continue to participate, but no additional funding to support new areas was provided.

The plan in April 2020 was to coordinate the training for Bridgend that included consultants, nurse leads, Allied Health Professionals (AHPs) and all GP based optometrists in readiness for the 2020-2021 audit cycle. However, this was not possible due to the initial lockdown and current reduced GP services. There is no value in participating in a part year audit as we would be flagged as an outlier and at present current restrictions mean that we still are not in a position to coordinate the rollout of this audit within the Bridgend Locality.

Our focus at present is to plan for a revised rollout, subject to current restrictions being lifted and services returning to normal, enabling external training to take place. The organisation is not currently in breach of Welsh Government requirements for this audit as it is no longer a mandated audit, but our HB would like full compliance HB wide so that we have a consistent and complete picture of cataract surgery HB wide. We are currently out to advert for a 6-month clinical secondment within the Clinical Audit & Quality Informatics department and part of that post responsibilities will be to project manage the implementation of this audit across the Bridgend Locality.

- 1.2. The SBAR has been developed to provide assurance to the Audit and Risk Committee that a Clinical Audit Forward Plan 2020-2021 for Cwm Taf Morgannwg University Health Board (CTMUHB) is in place along with the associated online Clinical Audit Operational Plan. This will ensure that robust evidence of the monitoring and escalation of audit compliance is in place, and that audit outcomes are an integral part of the organisations continuous improvement programme of work.
- 1.3. The Plan has identified the projects the Health Board must participate in, for example, the National Clinical Audit and Outcome Review Plan (NCAORP) which have been designed to support the delivery of the NHS Wales Quality Delivery Plan and the Health and Care Standards for Wales.
- 1.4. Organisational internal local 'must do' audits are reflective of; clinical priorities; patient and public experience initiatives; and compliance with regulatory requirements, e.g. audits with the aim of providing evidence of implementation of NICE guidance, Cancer Standards, All Wales Medicines Strategy Group Guidance and Welsh Risk Management Standards.
- 1.5. The 38 tier 1 national audits provide the only formal assurance at present around compliance with National Institute for Health & Care Excellence (NICE) guidance, except for pharmaceutical Technical Appraisal Guidelines (TAGs) managed by pharmacy.



- 1.6. In November and December 2019 CTMUEB approved a number of funding bids to strengthen the Clinical Audit & Quality Informatics department's ability to monitor compliance against the forward plan and improve the data quality across all national audits.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1. Clinical Audit Forward Plan 2020-2021

The Clinical Audit Forward Plan sets out a programme of prioritised continuous improvement activities, including clinical audit, and is designed to help to embed the above principles into the everyday working practice of individuals and clinical teams to improve clinical outcomes for patients, through focused and structured work.

The plan for 2020-2021, is determined at both corporate, locality and directorate level based around priority categories established by the Healthcare Quality Improvement Programme (HQIP) and defined as:

1. External "must do" - Externally monitored audits that are driven by commissioning and quality improvement are treated as the priority and appropriate resources are provided to support these. Failure to participate or deliver on these externally driven audits may carry a penalty for the Health Board
2. Internal "must do" - Based on the classic criteria of high risk or high profile identified by Health Board management. They may include national initiatives with health board-wide relevance but no penalties exist for non-participation. Many of these projects will emanate from Health Board governance issues or high profile local initiatives.

The ninth annual National Clinical Audit and Outcomes Review Plan was published on the 25 March 2020. It confirmed the list of National Clinical Audits and Outcome Reviews which all health boards and trusts are expected to participate in for 2020-2021 (when they provide the service). The plan also confirms how the findings from audits and reviews will be used to measure and drive forward improvements in the quality and safety of healthcare services in Wales. In May 2020 in response to the pandemic Welsh Government added an additional national COVID audit to the programme of work.

In respect of performance this plan is the first to evidence the combined picture for the former Cwm Taf University Health Board (CTUHB) and Bridgend Locality element of Abertawe Bro Morgannwg University Health Board (ABMUHB).

Work will continue in 2020-2021 to fully align audit activity to the Integrated Locality Group structure. Clearly identified responsibilities and timeframes for completion of audit work and continuous monitoring of progress against the plan has ensured the improved compliance position for CTMUHB. This monitoring of compliance for 2020-2021 will improve with the introduction of the Clinical Audit & NICE Compliance Management system in January 2020, for rollout in 2020-2021.

2.2. Governance

Welsh Government expects more robust scrutiny of health board actions to address national clinical audit and review findings hence assurance proforma containing a Part A that lists the national findings and local implications and Part B details the actions and timescales for improvement.

A key role of the Clinical Audit and Quality Improvement Operational Group is to monitor progress against the forward plan. Regular updates and issues identified requiring attention will be brought to the attention of the respective Locality Integrated Governance Group and/or escalated to the Quality and Safety Committee or discussed at Executive Catch-up meetings.

NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2020-2021 was released on the 25 March 2020. A review was undertaken by the Clinical Audit and Quality Improvement Operational Group (CA&IOG) of the draft plan at the meeting held on the 12 March 2020. The CA&IOG signed off the CTMUHB Clinical Audit Forward plan, subject to 18 August 2020 minor updates.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1.** The planning process for clinical audit and continuous improvement priorities usually commences in the January of the previous financial year, but due to the Covid-19 Pandemic and associated impact on clinical operational priorities there has been a delay in the 2020-2021 planning process.
- 3.2.** The Ophthalmology National Audit is no longer part of the WG NCAORP. There is a requirement to participate, but the infrastructure and training to support the audit in Bridgend was not put in place by the former ABMUHB. Due to Covid-19 the planned review and rollout of the audit to



the Princess of Wales Hospital (POWH) and associated primary care locations has been put on hold. Therefore, participation in the 2020-2021 audit is not possible for the Bridgend locality, but work is ongoing to ensure funding and inclusion for 2021-2022. Royal Glamorgan Hospital (RGH) and Prince Charles Hospital (PCH) will continue full participation.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Effective Care
Equality impact assessment completed	Choose an item.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	N/A
Link to Main Strategic Objective	To Improve Quality, Safety & Patient Experience
Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

5. RECOMMENDATION

5.1. That the committee

- **APPROVES** the contents of the paper and attached Clinical Audit Forward Plan for 2020-2021



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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

- **NOTE** the reporting on the plan will be received at every other bi-monthly meeting.