



AGENDA ITEM

2.1.4

AUDIT & RISK COMMITTEE

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)
FORWARD PLAN FOR CLINICAL AUDIT 2021 – 2022**

Date of meeting	09/06/2021	
FOI Status	Open/Public	
If closed please indicate reason	Not Applicable - Public Report	
Prepared by	Mark Townsend - Head of Clinical Audit and Quality Informatics & Natalie Morgan-Thomas Deputy Head & Lead Nurse for Clinical Effectiveness	
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
	(DD/MM/YYYY)	Choose an item.
ACRONYMS		
ILG	Integrated Locality Group	



1. SITUATION/BACKGROUND

- 1.1 The report has been developed to provide assurance to the Audit and Risk Committee that a Clinical Audit Forward Plan 2021-2022 (see appendix 1) for Cwm Taf Morgannwg University Health Board (CTMUHB) is in place along with the associated online Clinical Audit Operational Plan, held on the organisations Clinical Audit and NICE Compliance Monitoring System AMaT. 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.
- 1.2 The Audit & Risks Committees responsibilities in terms of monitoring the CTM Clinical Audit Forward Plan is to ensure that a plan is in place, a Welsh Government (WG) requirement.
- 1.3 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 were red (meaning we did not collect or submit our data within the national audit agreed timeframe) then the committee would be responsible for challenging the organisations performance and ensuring that we have mitigating actions in place to ensure full participation for the next year.
- 1.4 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 the quarterly report to QSC or as a report by exception to QSC Committee for review with an associated action plan, usually within 3 months following the release of each national audit report.
- 1.5 The CTMUHB Clinical Audit Forward Plan identifies all the external “must do” national audits that the health board must participate in, for example, the National Clinical Audit and Outcome Review Plan (NCAORP) that have been designed to support the delivery of the NHS Wales Quality Delivery Plan and the Health and Care Standards for Wales.
- 1.6 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.
- 1.7 At the 31 March 2021, 33 out of 35 national (tier 1) and organisation priority (tier 2) audits were green fully compliant and no audits were amber where the audits are delayed, a backlog exists but a plan is in place to comply with national audit deadline. 2 national audits were red as the



organisation was unable to fully participate and the deadlines had passed due to clinical pressures. Only one national audit was suspended by the National Audit Group due to the impact of COVID-19, the National Audit for Care at the End of Life (NACEL).

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

2.1 Clinical Audit Forward Plan 2021-22

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 2021-2022, 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 10th annual National Clinical Audit and Outcomes Review Plan has been delayed due to purdah and the transfer of responsibilities for the NHS Wales National Clinical Audit & Outcome Review Plan (NCA&ORP) from Welsh Government to Digital Health and Care Wales. A date for release of this year's NCA&ORP has yet to be confirmed; therefore the national audit component of the CTMUHB Clinical Audit Plan for 2020-2021 has been rolled over for 2021-2022.

Work will continue in 2021-2022 to 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. The weekly national audit monitoring of compliance that was introduced in April 2019 and the implementation of the Clinical Audit & NICE Compliance Management system from April 2020 has ensured that the organisations compliance with all national audits has improved at a time of extreme pressure due to the pandemic. The focus for 2021-2022 will be on training



that was restricted due to clinical pressures during the pandemic and taking forward the NICE compliance programme of work.

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. Due to the impact of COVID-19 on clinician time Welsh Government periodically stopped the requirement for proforma submissions during the pandemic period.

A key role of the Clinical Audit and Effectiveness 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 in quarterly update reports or adhoc national audit reports.

Compliance with the CTMUHB Clinical Audit Forward Plan 2021-2022 will be monitored in accordance with the approach defined in the Clinical Audit and Effectiveness Policy and Strategy.

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

- 3.1 The National Clinical Audit and Outcomes Review Plan has been delayed due to purdah and the transfer of responsibilities for the NHS Wales NCA&ORP from Welsh Government to Digital Health and Care Wales. Therefore, the CTMUHB Clinical Audit Plan for 2020-2021 has been rolled over for 2021-2022 for national audits.
- 3.2 Due to COVID the planned review and rollout of the Ophthalmology National Audit to the Princess of Wales hospital and associated primary care locations has been put on hold. Therefore, participation in the 2021-2022 audit is not possible for the Bridgend locality, but work is ongoing to ensure funding and inclusion for 2022-2023. Royal Glamorgan Hospital (RGH) and Prince Charles Hospital (PCH) will continue full participation.
- 3.3 Clinical pressures during this audit period have resulted in failure to comply fully with 2 national audits; Rhondda and Taff Ely ILG were unable to comply with their element of the National Diabetic Audit. Merthyr and Cynon ILG were unable to comply with their element of the National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) audit.
- 3.4 Compliance with the Heart Failure and MINAP national audits has been challenging for 2020-2021 due to the increasing demands for Heart Failure and Cardiology nursing input. Compliance was achieved with bank nursing time and through diverting nursing resources within the clinical audit team

to undertake the nursing assessment elements of the audit to clear the backlog of cases, during the COVID period. The pandemic has exposed a shortfall in required resources to sustain these essential audits for 2021-2022 and so a resource paper is being prepared for Management Board.

- 3.5 The requirement to implement and run the new COVID national audit in 2020-2021 on two separate occasions had a significant impact on clinical audit resources with over 2,500 cases being reviewed. If there is a requirement to repeat this audit for 2021-2022 then this will affect the overall Health Board clinical audit plan, including local audit activity.

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	Not required
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 Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

- 5.1 That the Committee **APPROVE** the contents of the paper and attached Clinical Audit Forward Plan for 2021-2022.