



**AGENDA ITEM**

3.1.5

**QUALITY & SAFETY COMMITTEE**

**CLINICAL AUDIT ASSURANCE FRAMEWORK**

<b>Date of meeting</b>	22/11/2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	G Galletly, Director of Corporate Governance
<b>Presented by</b>	G Galletly, Director of Corporate Governance
<b>Approving Executive Sponsor</b>	Executive Medical Director
<b>Report purpose</b>	ENDORSE FOR BOARD APPROVAL

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Medical Director Head of Clinical Audit & Quality Informatics	August 2021	SUPPORTED
Audit & Risk Committee	October 2021	ENDORSED FOR BOARD APPROVAL

**ACRONYMS**

CTMUHB	Cwm Taf Morgannwg University Health Board
Q&S	Quality & Safety



## 1. SITUATION/BACKGROUND

- 1.1 The Health Board will want to ensure robust oversight of clinical audit. This proposal outlines a framework for assurance in relation to clinical audit in CTMUHB.
- 1.2 The purpose of this paper is to outline the framework by which the Board can be assured from the appropriate committees on clinical audit planning and performance. The framework clearly identifies the roles and responsibilities delegated by the Board to the Quality & Safety Committee and Audit & Risk Committee, both of which have a role in relation to seeking assurances in relation to clinical audit.

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

### 2.1 Clinical Audit

The National Clinical Audit and Outcome Review Advisory Committee recommend a programme of national clinical audits and clinical outcome reviews which relevant service providers must participate in with annual review and appropriate in-year additions. To accompany involvement in national Clinical Audit, each NHS body is responsible for the development of an internal clinical audit programme.

### 2.2 Clinical Audit can be defined as;

*"Clinical Audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice into line with these standards so as to improve the quality of care and health outcomes".* – (New Principles for Best Practice in Clinical Audit, 2011 NICE/CHI)

### 2.3 Committee scope & responsibility

### 2.4 Clinical audit features in the responsibilities delegated from the Board to the Quality & Safety Committee and the Audit & Risk Committee. This framework sets out the difference in roles of each committee, and how the work of each committee should complement one another in providing assurance to the Board. The following details the scope of each committee in relation to clinical audit;

#### 2.4.1 Q&S Committee

*In order to deliver its stated aims the Committee will, in respect of its provision of advice to the Board:*

- **Ensure arrangements are in place** to undertake, review and act on Clinical Audit activity which responds to National and Local priorities
- **to receive annual reports**, which will incorporate key information from Research & Development, progress report on the Annual Quality Delivery Plan, Concerns, Safeguarding, Infection Prevention & Control, **Clinical Audit & Effectiveness** and Medicines Management

#### 2.4.2 Audit & Risk Committee

- **Ensure** where appropriate and in line with the Audit Committee Handbook that the CTMUHB has a Clinical Audit **Programme in place** and the **outcomes of Clinical Audit provide internal assurance to the Board.**

The key differences in the role as set out in each of the extracts of Terms of Reference above for the Audit & Risk Committee and the Quality & Safety Committee are highlighted in **bold**.

- 2.5 It is equally important to note what is *not* the role of the Audit Committee. It is not the job of the Audit Committee to establish and maintain processes for governance, risk management and internal control. This is the responsibility of Executive Directors and the Accountable Officer. The Audit Committee should review all reliable sources of assurance (i.e. Internal and External Audit, self assessment) and feel satisfied with the course of action being taken by the Executive.
- 2.6 The Audit Committee needs to be satisfied that the **results** of the sources of assurance demonstrate that **controls in place are effective**.
- 2.7 In relation to internal audit plans (including clinical audit), the Audit & Risk Committee need to be satisfied that audit work programmes are aligned to the Organisational Risk Register.
- 2.8 In relation to Clinical Audit, the roles of the two committees are summarised as;

#### **Q&S Committee –**

Ensure there is an effective function in place that meets standards.

#### **Audit & Risk Committee –**

Ensure assurance to the Board that the clinical audit function is effective and clinical audit outcomes are provided as a source of assurance to the Board.

2.9 Below is the annual cycle of reporting activity designed to illustrate the role, involvement and interaction of the Audit Committee and the Quality & Safety Committee in relation to clinical audit that has previously been approved by the Trust's Audit Committee.

<b>Item</b>	<b>Q&amp;S Committee Action</b>	<b>Audit &amp; Risk Committee Action</b>	<b>Frequency</b>
Identification of Clinical Audit areas to support risk management and service improvement	Note	-	Quarterly
Clinical Audit Annual Plan	Approval	Noting coverage and minimisation of risk	March Annually
Clinical Audit Annual Report	Approval	Noting Q&S scrutiny	September Annually
Internal & External Audit Reports relating to CA function	Scrutiny	Note, with referral to Q&S for scrutiny	As required
Management Action Plans resulting from Internal and External Audits	Approval & subsequent Monitoring of progress against actions	Monitoring in Audit Tracker	A&R – every meeting Q&S – as required
Performance against National Clinical Audits	Scrutiny	-	Annually

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

3.1 By approving and complying with a Clinical Audit Assurance Framework, the Board will gain greater assurance and oversight on clinical risk management and service improvement.



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Effective Care If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

5.1 The Clinical Audit Assurance Framework is submitted for **endorsement** by the Quality & Safety Committee **prior to Board Approval**.