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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15 September 2022	Agenda Item	5.2	
Report Title	Clinical Audit and Effectiveness Report, Clinical Audit Activities 2020 - 2022			
Report Author	Sharon Rağbetli, Clinical Audit & Effectiveness Manager			
Report Sponsor	Richard Evans, Executive Medical Director/Deputy CEO			
Presented by	Richard Evans, Executive Medical Director/Deputy CEO			
Freedom of Information	Open			
Purpose of the Report	To present to the Committee the bi-annual report for the period 2020 - 2022.			
Key Issues	<p>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.</p> <p>In 2021 the Executive Medical Director/Deputy CEO revised the Clinical Audit and Effectiveness Policy to introduce a hierarchy of priorities for audit activities, to be implemented for the 2022 audit year.</p> <p>This report, summarising the activities for the 2020 – 2022 period, underlines the need for change.</p>			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <p>Note the report.</p>			

CLINICAL AUDIT AND EFFECTIVENESS REPORT, CLINICAL AUDIT ACTIVITIES 2020-22

1. INTRODUCTION

The purpose of this report is to present an overview of the reported clinical audit activities for the 2020 – 2022 period.

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 remained unchanged in the report period due to the pandemic. 38/40 projects included were relevant to the Health Board, in addition to the Clinical Outcome Review Programme (formerly NCEPOD) studies collecting data during the period.

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/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.

With the new Policy approach to be implemented for the 2022 audit year, in February a successful bid to Health Technology Wales secured two year's licence fee free use of the Audit Management and Tracking system (AMaT). The aim is to utilise the system to support the hierarchy method and to aid 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

Participation in mandated Welsh Government topics is monitored by the Clinical Outcomes and Effectiveness Group (COEG). Completion and submission of two-stage assurance forms offers insight into actions taken locally to meet national recommendations resulting from publication of results.

Additional local audit proposals and outcomes for the report period were collected electronically via a SharePoint site. The total number of projects for 2020/21 increased for the first time in five years. Despite the pandemic, the number of proposals rose significantly from 168 in the previous audit year to 240.

At the close of the 2020/21 audit year only 14% of registered projects had been reported as completed. To date, this now stands at 38%.

The total number of locally initiated projects for 2021/22 fell substantially to 57 approved projects. It should be noted that this is in part to the revised Policy released in September 2021 and the moves to steer Departments and Services towards forward plans for the 2022/23 audit year.

Currently only 7 topics (3%) are complete for the 2021/22 period.

Historically, submission of outcomes and actions to the Clinical Audit & Effectiveness Department has been poor, with a high of 45% in recent years achieved via the team actively chasing results and action plans.

A reduction in staffing and additional workload impacted the capacity of the Clinical Audit & Effectiveness team in proactively chasing completion and outcomes of registered projects. Via the new Audit Plans, the responsibility for ensuring timely completion of projects and submission of findings will lie with the departments and Service Delivery Groups, monitored via COEG.

An overview of activities logged with the Clinical Audit and Effectiveness teams and summaries of completed projects are attached in the main bi-annual report (Appendix 1.).

4. FINANCIAL IMPLICATIONS

None.

5. RECOMMENDATION

The Audit Committee is asked to note the report.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
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		
None.		
Legal Implications (including equality and diversity assessment)		
None.		
Staffing Implications		
None.		
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: Clinical Audit & Effectiveness Department Annual Report 2020-2022	