Reference Number: *UHB 509* **Version Number:** 1	**Date of Next Review:** *18.07.2026* **Previous Trust/LHB Reference Number:**

Clinical Audit Policy

Policy Commitment

What is the UHB committing to do and briefly indicate how?

Supporting Procedures and Written Control Documents

This Policy describes the following with regard to:

- **Cardiff and Vale UHB Information Governance Policy -** CAV IT Security & IG - CV IG policy v0.7.pdf - All Documents (sharepoint.com)

Other supporting documents are:

- The Eight Caldicott Principles – National Data Guardian The Eight Caldicott Principles
- UK GDPR Principles – Information Commissioners office Guide to the UK GDPR Regulation
- HQIP (Healthcare Quality Improvement Document) Guide to Ensuring Data Quality in Clinical Audits HQIP CA PD 028 - Guide to Ensuring Data Quality in Clinical Audits 220212:Layout 1.qxd

Scope

This policy applies to all of our staff in all locations including those with honorary contracts.

In addition to the responsibilities detailed within the procedure, staff also have a responsibility for making sure that they meet the requirements of their role profiles and any other responsibilities delegated to them.

Equality Impact Assessment	An Equality Impact Assessment (EqIA) the Equality and Health Impact Assessment has been considered and not required. Equality and Diversity aspects are addressed within the policy

Health Impact Assessment	A Health Impact Assessment (HIA) As above
Policy Approved by	Senior Leadership Board (SLB)
Group with authority to approve procedures	Quality, Safety and Patient Experience Committee

written to explain how this policy will be implemented	
Accountable Executive or Clinical Board Director	Executive Medical Director

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Approved by QSE on 18.07.2023	23.04.2024	*New policy*
2			

Table of Contents

1. Introduction/Overview

A Healthier Wales: A long term plan for health and social care, was published in 2018 and outlines how quality is key to making the health and social care system in Wales both fit for the future and one which achieves value. It outlines the expectation that, going forward, health and social care services are brought together so they are designed and delivered around the needs and preferences of individuals. The plan sets out several aims including the explicit requirement to put quality and safety above all else, providing high value evidence-based care for patients and integrating improvement into everyday working to eliminate harm, waste and variation.

NHS organisations in Wales are required to exercise their functions in a way that considers how they can improve quality on an ongoing basis. The Health and Social Care (Quality and Engagement) (Wales) Act reframes the concept that organisations will strengthen the approach to high quality, safe care. The Act introduces a Duty of Quality which sets out that all decisions are made to secure improvement in the quality of services provided and to strive for continuous improvement and excellence. The purpose of the Act is therefore to ensure quality becomes a system-wide way of working and a focus is placed on outcomes.

The National Clinical Framework provides a clinical interpretation of A Healthier Wales and describes a learning health care system, centred on clinical pathways that focus on the patient.

The National Quality and Safety Framework sets out the requirement for a robust quality assurance framework that brings together quality planning, quality control and quality improvement. The Framework is explicit in the requirement for Health Boards and Trusts to drive an effective quality management system.

The National Clinical Audit and Outcome Review Plan contains a series of clinical projects mandated by Welsh Government. The programme is designed to help assess the quality of healthcare and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data and therefore plays an important role in the delivery of the quality and safety strategy in the NHS in Wales.

2. Policy Statement

Cardiff and Vale University Health Board is committed to using clinical audit, to support an assurance mechanism and to inform a programme of quality improvement. As part of this process, clinical audit provides assurance regarding compliance with accepted evidence based clinical standards within the services provided by the Health Board. This Policy, along with the Clinical Audit Strategy, aligns with the Health Board's wider governance and assurance mechanisms that will inform and enhance the process of improving clinical services.

3. Purpose

The purpose of this policy is to set out the rationale for clinical audit and also provide a framework to support a prudent clinical audit programme designed to provide assurance and to drive improvement around quality and safety priorities.

- Patient safety priorities
- Recommendations resulting from external inspection and peer reviews
- Increased mortality rates
- Implementation of new NICE/HTW/AWMSG guidelines
- National Clinical Audit and Outcome Review Programme

Service evaluation projects can assess current clinical practice and generate useful information to aid local decision making, service evaluations can stand alone as individual projects, or may be used as a baseline for future clinical audits, research or benchmarking.

4. Objectives

The policy aims to support a culture of best practice in the management and delivery of clinical audit; and to clarify the roles and responsibilities of all staff involved and ensure the following:

- Participation in all relevant projects associated with the National Clinical Audit and Outcome Review Plan, national confidential enquiries and inquiries, and national service reviews relevant to the services provided.

- All clinical audit activity within the UHB, or conducted in partnership with external bodies, is registered both locally (**CAV AMaT**) and nationally as appropriate, and conforms to nationally agreed best practice standards (see HQIP's guide, Best practice in clinical audit).

- The annual programme of clinical audit activity meets Board assurance framework objectives, and includes all of the clinical audits necessary to meet the requirements of regulators and commissioners.

- Records of reviews of the annual programme of clinical audit, individual clinical audit projects, as well as the results of national clinical audits, national confidential enquiries and inquiries, and national service reviews, should be maintained.

- To support the development of Clinical Board clinical audit forward plans aligned to key Clinical Board Quality and Patient Safety risks and priorities.

- To ensure health professionals engage in meaningful audits as part of their ongoing development.

- To ensure service evaluation activity within the UHB is registered locally along with the monitoring and reporting arrangements at the time of registration.

- All participation in clinical audit/service evaluation projects provide valuable evidence for re-registration/revalidation must ensure service line management/audit group have approved the project. All project should be registered locally CAV AMaT.

5. Scope

This policy applies to anyone engaged in clinical audit projects within the health board, including:

- All staff, including management, senior management, and Health Board members, both clinical and non-clinical, and those on short-term or honorary contracts.
- Students and trainees in any discipline.
- Patients, carers, volunteers, and members of the public.

This policy also applies when clinical audit is undertaken jointly across organisational boundaries.

The Health Board promotes a commitment to involving patients, carers, and members of the public in the clinical audit process, either indirectly through the use of patient surveys and questionnaires, or directly through participation of patient, carer, and members of the public on clinical audit project steering groups or quality improvement patient panels (QSE Framework, 2021)

6. Roles and Responsibilities

Lead	Responsibilities
Chief Executive Officer	The Chief Executive is accountable for the statutory duty of quality, and takes overall responsibility for this policy, for effective prioritisation to participate in national clinical audit, and for decisions about local clinical audit and service evaluation
Executive Medical Director	The executive/Board lead for clinical audit is the Medical Director. Their responsibilities in respect of clinical audit are: • To ensure that the Health Board's clinical audit strategy and annual programme of work are aligned to the Board's strategic interests and concerns • To ensure that clinical audit is used appropriately to support the Board's assurance framework • To ensure this policy is implemented across all clinical areas • To be aware of any investigative projects and should give formal approval where required. (For example, larger scale projects which do not constitute research, but which may impact on other departments or involve an element of risk) • To ensure that any serious concerns regarding the UHB's policy and practice in clinical audit, or regarding the results and outcomes of national and local clinical audits, are brought to the attention of the Board

Associate Medical Director for Quality and Safety	The Associate Medical Director of Quality and Safety has responsibility for Clinical Effectiveness and is the Chair of the Clinical Effectiveness Committee which oversees the implementation and monitoring of clinical standards including NICE guidance and the outcomes of clinical audits, service evaluations and associated improvement plans
Assistant Director of Patient Safety and Quality	The Assistant Director is responsible for leading the development of Health Board Clinical Audit Policy and Strategy in relation to support the development of a clinical audit programme that provides assurance and supports meaningful programmes of quality improvement
Head of Patient Safety and Quality Assurance	The Head of Patient Safety and Quality Assurance is the Health Board's professional lead on specific aspects of quality governance and quality assurance ensuring compliance with quality related statutory and regulatory requirements, national and local policy, ensuring that quality governance and assurance processes are embedded throughout the Health Board. The Head of Patient Safety and Quality Assurance leads on the development of the Clinical Audit Policy and Strategy
Clinical Board Directors	The Clinical Board Director has responsibility for the provision of safe and effective care within their Clinical board and consider the use of clinical audit in a quality management system approach in delivering this function. Clinical Board Directors should ensure all service evaluation projects are registered, for any projects that cross Directorate/Clinical Board relevant parties will be informed accordingly.
Clinical Directors	All clinical directors must ensure that a senior clinician within their directorate is nominated as the directorate lead for clinical audit (they may choose to take on this role themselves). The responsibilities of the directorate leads' for clinical audit are: • To ensure that this policy is implemented throughout their directorate • To ensure that all clinical audit activity within their directorate is registered on the UHB database and complies with nationally accepted best practice standards • To ensure that their directorate participates in all national clinical audits, national confidential enquiries and inquiries, and national service reviews that are relevant to the services provided

	• To work with clinicians, service managers, directorate/clinical board governance and quality managers, and clinical audit staff, to ensure that the clinical audit programme meets all clinical, statutory, regulatory, commissioning, and health board requirements The clinical directors have the responsibility to prevent duplication of service evaluations. They should prioritise projects and maximise the impact of the findings.
Clinical Leads for National Clinical Audits	The Clinical Leads are responsible for the delivery of patient centred care to ensure best practice within their clinical practice, including the facilitation of the audit.
Clinical Audit Leads /Quality & Patient Safety Lead for Clinical Audit	The QPS Lead for clinical audit is responsible for the operational management of the Clinical Audit Programme and facilitation of the AMaT system. (see guidance for clinical audit leads)
Clinical Effectiveness Committee (CEC)	The Clinical Effectiveness Committee supports the quality and safety agenda to promote continuous improvement in the standard of quality and safety across the whole organisation – continuously monitored through the Health and Care Standards for Wales; Welsh Risk Pool Standards, Regulatory Frameworks for health and safety and other quality measures which are appropriate
Quality, Safety and Experience Committee (QSE)	The Quality, Safety and Experience Committee has powers delegated by the Board seeks assurance that arrangements for the provision of high quality, safe and effective healthcare are sufficient, effective, and robust, including the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services
Clinical Board Quality and Safety Forums	The Clinical Board Quality and Safety Forums ensure the arrangements for the provision of high quality safe and effective healthcare within the Clinical Boards are sufficient, effective, and robust including the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services
Healthcare professional/Teams	Healthcare professionals can legitimately initiate and carry out investigative projects if the project falls within their remit and level of competence. The normal arrangements for clinical/management supervision and standards of good practice should be sufficient to safeguard the project and its participants. The healthcare professional undertaking the clinical audit or service evaluation project must

	communicate fully with everyone who is likely to be affected by the project and consult with the clinical audit team where appropriate. Arrangements should also be made to ensure all clinical audits and service evaluations are registered with arrangements to share the findings of their project. (CAV AMaT)

All staff employed by the Trust have a responsibility for the continual improvement of the quality of the service they provide, and all clinical staff are individually accountable for ensuring they audit their own practice in accordance with their professional codes of conduct and in line with the standards set out within this policy.

The Clinical Effectiveness Committee is the corporate committee tasked with oversight and scrutiny of the Health Board's clinical audit activities, prioritisation of participation in national clinical audit, decisions about local clinical audit, and the review of audit reports, including progress through repeated clinical audit cycles.

7. Clinical Audit

7.1 Definition of Clinical Audit

Clinical audit is a quality improvement process that seeks to improve practice and outcomes through systematic review of practice against explicit criteria and the implementation of change. (Healthcare Quality Improvement Partnership (HQIP) 2010).

Clinical audit measures against evidence-based standards as part of an ongoing, planned annual quality assurance programme that ensures that high quality care is always delivered. Although there are similarities, the clinical audit cycle should not be confused with the Plan, Do, Study, Act cycle, which is a separate quality improvement tool used to drive and increase compliance with a standard against which there is an identified shortfall, or to investigate the impact of changes to practice within a defined timeframe. Further information available in 'Best Practice in Clinical Audit' (HQIP, 2020)

Diagram 2. demonstrates the clinical audit cycle.

7.2 Clinical Audit process

Clinical audit involves measuring clinical practice against explicit standards of best practice. Standards may already exist locally or nationally in the form of guidelines or protocols. National standards are available for certain treatments and conditions in the form of NICE/HTW/AWMSG/Royal College/Professional body guidelines.

7.3 Definition of Service Evaluation

Service evaluation does not require systematic comparison against a pre-determined standard, but by evaluating current care delivered can generate useful information to aid local decision making. Service evaluation can be a stand-alone project, or may be used as a baseline for future audits, research or benchmarking.

Service evaluation and research are often used to describe similar activities. Both use systematic investigation to increase knowledge, both include the collection and analysis of data, and may share similar data gathering methods. However, an evaluation is different from pure scientific research by its practical nature. Service evaluation is intended to be of use to those needing information in order to decide an action and involves judging value.

All Service evaluation projects should be reviewed and approved by the clinical directors for the relevant specialty area, to ensure the project aligns with service priorities and satisfies the health board governance arrangements. All service evaluation projects will require local registration on to AMaT (CAV AMaT), where the research team will have oversight to ensure the projects meets all ethical requirements.

Please refer to the Service Evaluation Procedure for more information.

8. Quality Management System

Clinical audit has an important function in the implementation of a quality management system, supporting the measurement of care against an explicit set of standards and informing quality improvement.

Service evaluation can act as a significant contributor to the healthcare provision and determines the quality and effectiveness of a service. An evaluation can ensure that a service provider is continuously improving the delivery of services for patients.

Quality assurance in healthcare is the planned and systematic monitoring of activity to ensure that the standards for safe, clinically effective services and positive patient experience are met. Quality assurance aims to provide confidence and certainty in the quality of services.

While clinical audit is fundamentally a quality improvement processes that provides the opportunity for ongoing review and service development, they also play an important role in providing assurance on the quality of services.

Diagram 3 below illustrates the four components of quality management systems, Quality Planning, Quality Control, Quality Assurance and Quality Improvement. **Diagram 4** illustrates tools within those four components of quality management systems.

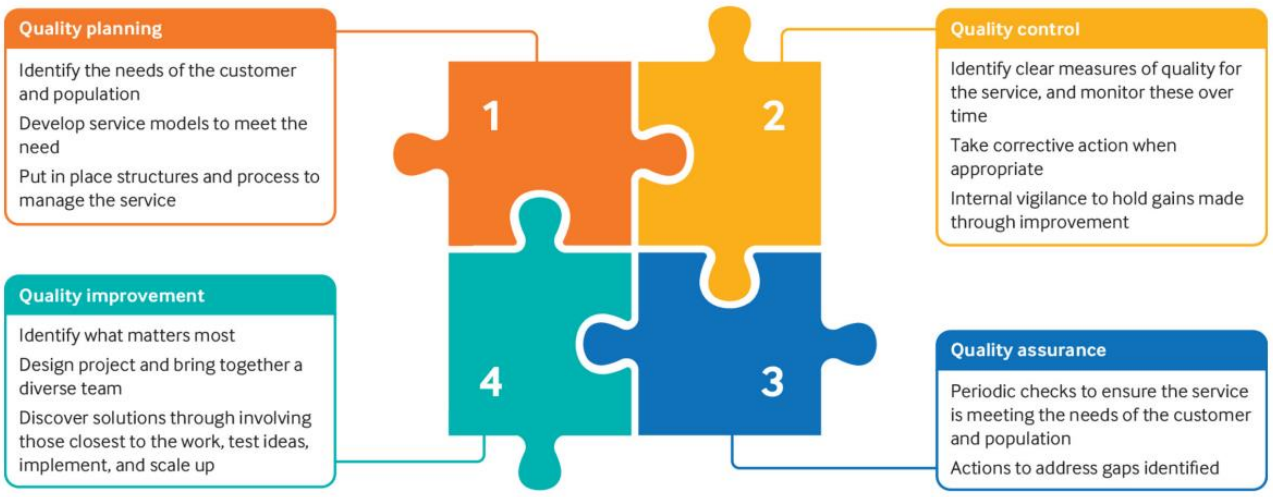

Diagram 3 (ShaH, 2020)

Tools Within the Quality Management Systems

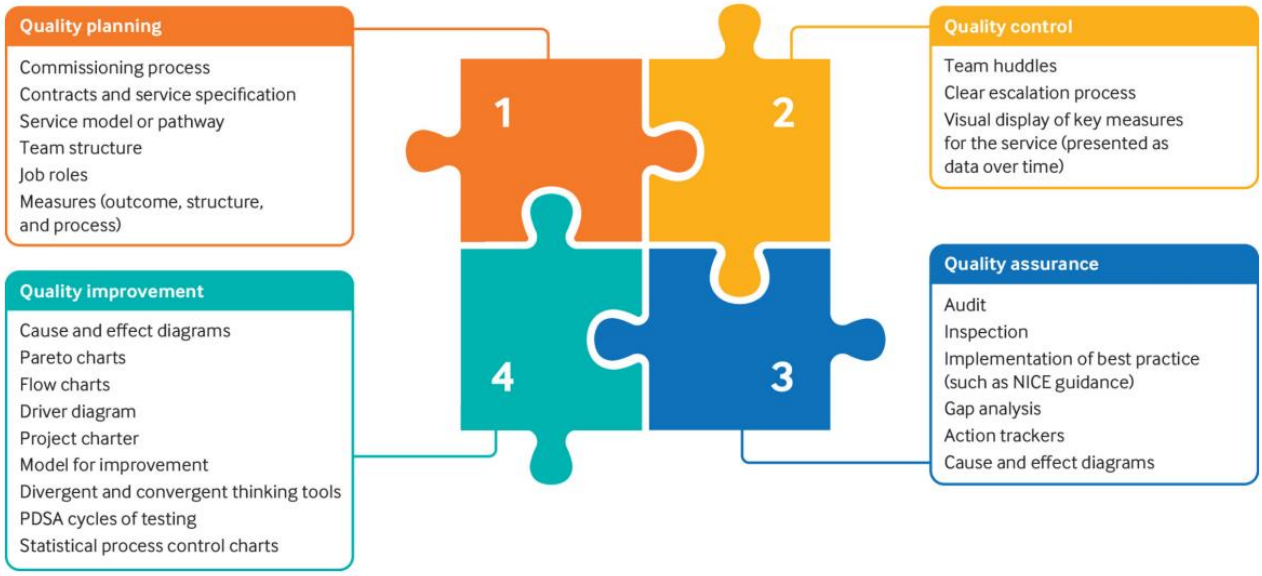

Diagram 4 (ShaH, 2020)

9. Clinical Audit Programme

Prior to the start of every financial year, the Health Board will agree an appropriate planned programme of clinical audit activity. This programme should meet the Health Board's corporate requirements for assurance, but must be owned by clinical services.

The Health Board is committed to supporting locally determined clinical audit activity to significantly contribute to the process of continuous service quality improvement.

9.1 Clinical Boards Clinical Audit Activity

A programme of Clinical Audit should be developed by each Clinical Board to provide assurance and where required to inform the necessary improvements associated with directorate quality and patient safety priorities (Refer to Section 3).

It is acknowledged that individual clinicians may initiate a clinical audit project on the basis of personal interest or personal development. Where a clinician wishes to undertake a clinical audit for the purpose of CPD, or as part of an educational or training programme, a discussion must take place with the clinical director to ensure that where ever possible the directorate's quality and patient safety priorities and assurance requirements are considered in the first instance.
For each clinical audit project:

- An audit proposal form must be completed by the project lead.
- The proposal must be approved by the clinical director and directorate clinical audit lead.
- All clinical audit activity must be registered with the Clinical Audit Department, irrespective of the level of facilitation being requested of the department, to ensure project consistency.
- All Audits should be reported through the appropriate Clinical Board Quality and Safety meetings with oversight of the requisite improvement plans and regular monitoring for quality assurance purposes to ensure that they are progressed appropriately.
- Inclusion on the Clinical Board Risk Register should be undertaken if the audit demonstrates that care provision falls below the required standard.

9.2 Process for National Clinical Audits

The Welsh Government publishes a National Clinical Audit and Outcome Review Programme on an annual basis.

Health Organisations is Wales are expected to fully participate and ensure the necessary resources are allocated to ensure appropriate levels of case ascertainment and data completeness.

As the Duty of Quality is implemented across Wales, Health Boards will be required to develop an Annual Quality Report and National Clinical Audit Performance and Progress Report to ensure that improvement plans have been completed and implemented.

Where a Health Board's performance in any of the national clinical audits falls outside two standard deviations from the target the organisation is deemed to be at Alert level and three standard deviations from the target then they are deemed to be at Alarm level. In this situation the Health Board will receive formal notification of outlier status from the collegiate body if at Alarm level and in many cases when at Alert level.

A National Clinical Audit Outlier Standard Operating Procedure (appendix 2) ensures a standardised approach to investigating and responding to Outlier Notifications and the development and monitoring of an improvement plan.

9.3 Clinical Audit Annual Report

A bi-annual clinical audit report will be presented to the Clinical Standards and Effectiveness Group and a bi-annual clinical audit report encompassing national, local and corporate clinical audits will be presented to the Patient Quality Safety and Outcomes Committee.

9.4 Database - AMaT (Audit Monitoring and Tracking CAV AMaT)

The Heath Board has procured the Audit Monitoring and Tracking (AMaT) system which will be implemented throughout the organisation during 2022/23 and will be a central quality assurance management system.

9.5 Clinical Audit and Service Evaluation Registration

All clinical audit and service evaluation activity must be registered and managed on the AMaT system (CAV AMaT). The Clinical Audit Team will provide training for staff and host the system.

Once the clinical audit project registration process has been completed, the Clinical Audit Team will receive a notification and will review the project to ensure it meets the relevant criteria before approval. Service evaluation will have a slightly different approval process, submissions will be shared with the Research Team and I&I for approval to ensure that any governance issues can be addressed prior to project commencement, please refer to Service Evaluation Procedure

From 1st December 2022 all clinical audit and service evaluation project proposals should be submitted via AMaT.

Data provided at registration will be used to compile a database of all clinical audit and service evaluation activity undertaken throughout the Health Board. AMaT is a live system and should be updated regularly by the appropriate quality leads/managers to inform directorates, Clinical Boards and the Clinical Effectiveness Committee about the progress and outcome of projects undertaken.

9.6 Clinical Audit and Service Evaluation Results

All clinical audit and service evaluation results must be entered onto the AMaT system (CAV AMaT) either by undertaking data collection on AMaT or by uploading the results to the AMaT system on completion of the project. The individual directorates are responsible for quality control of the clinical audits and service evaluation projects that are conducted in their area and must ensure there is a mechanism in place for this e.g. Safety and Quality Sessions (Audit session) or Quality and Safety forums.
Diagram 3 gives guidance on structuring clinical audit reports and presentations

Diagram 3. Guidance for structuring Clinical Audit Reports or Presentation

9.7 Dissemination and Sharing Learning

Regular clinical audit summary reports, together with recommendations, should be communicated to all relevant areas of the organisation and Health Board committees. A robust audit carried out in one area of the UHB may be transferable to other parts of the organisation, a search can be undertaken on AMaT by topic. Once a round of data collection has been completed and the data has been analysed, the results and findings should be presented at the Safety and Quality Sessions (audit meetings) for discussion, agreement on action plans and a commitment to complete another audit cycle within a designated timeframe. Clinical audit reports and action plans will be reported to the clinical Effectiveness Committee on completion.

9.8 Action Plans and Improvement

The main purpose of clinical audit is to deliver improvements in clinical practice. Where the results of a clinical audit indicate sub-optimal practice, an action plan must be developed and implemented and its effects monitored. A systematic approach to the development and implementation of clinical audit action plans is essential for effective improvement.

Improvement plans should be specific, measurable, achievable, realistic and timely (SMART). They must have clear implementation timescales with identified leads for each action. Improvement plans should be developed in conjunction with the relevant head of service or manager and should be subject to ongoing monitoring through the appropriate quality and patient safety forum.

If compliance is sub-optimal, a re-audit should occur once the necessary improvements have been achieved and sustained. All improvement plans must be completed on AMaT where they can be monitored and progressed.

The directorate and clinical board will monitor the implementation of actions, ensuring that any required changes are incorporated into practice and relevant business plans and/or risk registers as appropriate. The Clinical Effectiveness Committee will have oversight of progress and completion of clinical audit activity as well as actions plans.

Not all clinical audits or service evaluations will require an action plan e.g. where an audit shows that standards are consistently being met, and practice/service is effective. For such audits there should be an explicit statement within the summary report that no further action is required, along with the reason(s) for this.

9.8 Repeating Audit Cycles

The clinical audit cycle is not complete until agreed actions are implemented according to the corresponding action plan, and evidence is obtained regarding the impact of the action plan on compliance with standards. This may be achieved by repeating data collection or by instituting a programme of ongoing monitoring. Repeated cycles of clinical audit may be carried out to ensure criteria and standards are consistently met and practice is effective. The Annual Clinical Audit Plan should consist of a plan for re-audit cycles.

10 Governance and Ethics

10.1 Ethics and Consent

The Clinical Director is responsible for approving all clinical audits and service evaluation that take place within their directorate. The Clinical Effectiveness Committee will have ethical oversight of clinical audit across the organisation to ensure the following:

- The programme of clinical audits is managed efficiently to make best use of resources, and to ensure that performance management issues associated with poor audit design, poor execution, or failure to deliver improvements in patient care, are addressed

- Any ethical concerns that arise during the design and planning of individual clinical audits are addressed

- Any serious shortcomings in patient care that come to light through clinical audit are communicated to the clinical director of the service involved at the earliest opportunity, and appropriate steps are taken to address them

- Risk management issues identified through clinical audit results are addressed with robust action plans, which are implemented effectively

Any person who has concerns regarding the ethics of a clinical audit should refer them to the Chair of the Clinical Effectiveness Committee.

10.2 Equality and Diversity

The UHB aims to ensure that its healthcare services and facilities are not discriminatory and, wherever possible, attend to the physical, psychological, spiritual, social, and communication needs of any patient or visitor, showing no discrimination on the grounds of ethnic origin or nationality, disability, gender, gender reassignment, marital status, age, sexual orientation, race, trade union activity, or political or religious beliefs.

The process for determining the choice of clinical audit projects, and the manner in which patient samples are selected, should not inadvertently discriminate against any groups in society based on their race, disability, gender, age, sexual orientation, religion, or belief. Any person who has concerns regarding the ethics of clinical audit activity within the Health Board should refer them in the first instance to the Clinical Effectiveness Committee,

who may require equality impact assessments to be undertaken and/or equality data to be collected as part of clinical audit activity, in order to determine whether any particular groups of patients are experiencing variations in practice.

10.3 Information governance: Collection, Storage and Retention of Data and Confidentiality

All clinical audits must adhere to information governance policies and standards, paying special attention to the Data Protection Act and the Caldicott Principles, whereby data should be:

- Adequate, relevant, and not excessive
- Accurate
- Processed for limited purposes
- Held securely
- Not kept for longer than is necessary

11 Overall Organisational Approach

11.1 Training and Development

Some aspects of clinical audit require specialist knowledge and skills in order to apply the correct clinical audit methodology. This policy sets out how the UHB will ensure that all staff members who conduct and/or manage clinical audits are given the appropriate time to develop the knowledge and skills necessary to facilitate the successful completion of clinical audit cycles. Clinical audit education and training are key to the delivery of this policy, in order to promote activity led by healthcare professionals.

Training raises the profile of clinical audit and best practice standards, builds capacity and capability for the reflective practice of all those involved, and acts as a driver for quality improvement.

11.2 Provision of Clinical Audit Training

The UHB will make available suitable training, awareness and support programmes to all relevant staff regarding the systems and arrangements for participating in clinical audit. This will ensure:

- An introductory clinical audit training session is available to any member of staff
- An ongoing programme of clinical audit training of different levels is available to all staff to enable them to undertake clinical audit
- Training for local, regional, and national clinical audit activities, and bespoke training, will be given to groups and individuals on request
- Educational resources on clinical audit processes will be available on the Quality Assurance and Clinical Effectiveness page of the Patient Safety and Quality SharePoint page. LINK

11.3 Employment and development of clinical audit staff

The UHB will employ a team of suitably skilled clinical audit staff to support the programme of clinical audit activity. The UHB will also ensure that staff have access to further relevant training in order to maintain and develop their knowledge and skills.

9 Monitoring

9.1 Monitoring the Effectiveness of Clinical Audit Activity

The implementation of AMaT will support the UHB to ensure that:

- The Clinical Board Quality and Safety forum is discharging its responsibilities.
- Staff are receiving clinical audit training
- There is a rigorous system for determining what is represented in the annual clinical audit programme
- Stakeholders are being involved
- Clinical audits are approved and registered
- Clinical audits are based on standards and conducted in line with this policy
- Projects are meeting data protection and confidentiality guidelines
- Results are being reported and disseminated
- Action plans are being agreed and implemented
- Timely progress reports are being provided to the Clinical Effectiveness Committee, QSE committee and the Management Executive Team as appropriate

12 Corporate Clinical Audit

A Cardiff and Vale Quality Assurance Framework will be developed to formulate a structured approach to provide an effective programme of clinical audit for corporate Quality Assurance Activities.

Currently there are corporate groups and committees aligned with each standard contained in the Health and Care Standards (2015). However, at the time of writing this policy the Health and Care Standards were under review by Welsh Government as part of the work streams for the Duty of Quality.

The Corporate Clinical Audit section of this policy will be revised to incorporate the new standards from the Duty of Quality, as well corporate clinical audit related to the Clinical Safety Group currently being established, and ensure that it is aligned with the Quality Assurance Framework.

All audits will be required to be registered on the AMaT quality assurance system, the results and improvement plans should also be monitored through this system.

Each group should consider the evidence available to provide assurance associated with each component of the Health and Care Standards. This could include training records, numbers of patient safety incidents etc. Consideration should be given to the delivery of a specific audit to provide assurance where no other evidence is available.

An example of this might include:

The Falls Group commissioning an audit of Multi Factorial Risk Assessment to provide assurance in relation to Health and Care Standard 2.3 Falls Prevention, *People are assessed for risks to their own safety and the safety of others. A plan for managing risk is agreed between the person being cared for and those caring for them.*

All Audits must be reported through the health board group or committee that commissioned the audit where the necessary actions or improvements will be implemented and monitored.

13. Resources

All national clinical audits should be resourced from the clinical board in which they sit.

Where a new service is being commissioned by the Health Board consideration should be given as to whether it is subject to a mandated national audit and how this will be resourced.

14. Implementation

Clinical Board and corporate clinical audit plans will be subject to bi-annual reporting to the PQSE Committee.

Evidence of audit outcomes and associated improvement plans will be considered at the clinical board performance reviews.

15. References

CAV Clinical Audit Strategy

Wales National Clinical Audit and Outcome Review Plan 2022

Quality and Safety Framework: learning and improving Welsh Government https://gov.wales/sites/default/files/publications/2021-09/quality-and-safety-framework-learning-and-improving_0.pdf

Best practice in Clinical Audit Healthcare Quality Improvement Partnership 2020 https://www.hqip.org.uk/resource/best-practice-in-clinical-audit/

16. Appendices

1 National Clinical Audit Reporting and Monitoring Standard Operating Procedure

2 National Clinical Audit Outlier Standard Operating Procedure

Appendix 1

Standard Operating Procedure

National Clinical Audit Reporting and Monitoring Procedure

Document Information	
Purpose	Standard Operating Procedure
Name	National Clinical Audit Reporting and Monitoring Procedure
Author	Head of Patient Safety and Quality Assurance
Date	November 2022
Target Audience	Corporate services, Executive Medical Director and Clinical Board Triumvirate
Overview	To standardise the approach to reviewing, investigating and responding to outlier notification
Review Date	November 2024

Purpose

The purpose of the Standard Operating Procedure (SOP) is to ensure a standardised approach to reporting national clinical audit outcomes as well as developing and monitoring associated improvement plans.

Overview

The National Clinical Audit and Outcome Review Plan (NCAORP) is a mandated programme of national audit designed to help assess the quality of healthcare and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. The programme supports benchmarking against other health organisations in the UK. The outcomes and results of national audits are published annually, with local performance data being made available to the clinical team and is in the public domain.

The National Quality and Safety Framework requires health boards to have robust processes to ensure that data obtained through clinical audit, will lead to meaningful and improved outcomes for the population.

The SOP sets out the process for reporting national clinical audit outcomes and developing and monitoring associated improvement plans.

Process

- All National Clinical Audits must be registered on AMaT by the National Audit Lead

- On publication of a national clinical audit, the Quality and Patient Safety Team review the results and outcomes and develop a set of highlight slides.
- The national report and highlight slides are shared with the clinical board triumvirate and relevant Clinical Audit Lead. A provisional improvement plan should be developed by the clinical board to address the requisite improvements
- The clinical Board Triumvirate and Clinical Audit Lead will be invited to present the audit findings and improvement plan at the Clinical Effectiveness Committee.
- The responsibility for the monitoring and review of the associated action plan will sit with the clinical board. Where an improvement plan sits across two or more clinical boards a lead clinical board will be identified for each improvement. This will be undertaken using the AMaT system.
- The improvement plan should be monitored and reviewed on a regular basis in the relevant Clinical Board Quality and Safety forum and consideration given to including it in the Clinical Board Risk Register. Clinical Boards should develop exception reports as required and report to the Quality, Safety and Experience Committee
- The clinical board will provide an update to the Clinical Effectiveness Committee on publication of the next annual report and/or on an agreed interval if required.

Clinical Effectiveness Committee

Each Clinical Board should ensure adequate representation at the Clinical Effectiveness Committee to support the necessary scrutiny of national clinical audit results and improvement plans.

Annual Quality Report

Welsh Government will require all health boards and to produce an Annual Quality Report as part of the Duty of Quality. The results of each audit and progress of each national clinical audit improvement plan will need to be included in the annual report.

Appendix 2: Standard Operating Procedure National Clinical Audit Outlier Procedure

Standard Operating Procedure

National Clinical Audit Outlier Procedure

Document Information	
Purpose	Standard Operating Procedure
Name	National Clinical Audit Outlier Procedure
Author	Head of Patient Safety and Quality Assurance
Date	November 2022
Target Audience	Corporate services, Executive Medical Director and Clinical Board Triumvirate
Overview	To standardise the approach to reviewing, investigating and responding to outlier notification
Review Date	November 2024

Purpose

The purpose of the Standard Operating Procedure (SOP) is to ensure a standardised approach to considering and responding to outlier notification in relation to national clinical audits.

Overview

The National Clinical Audit and Outcome Review Plan (NCAORP) is a mandated programme of national audit designed to help assess the quality of healthcare and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. The programme supports benchmarking against other health organisations in the UK. The outcomes and results of national audits are published annually with local performance data being made available to the clinical team and is in the public domain.

When a health board care provision falls below the necessary standard of care they are identified as an outlier and the health board will receive correspondence from the relevant collegiate body or Welsh Government to notify them of this status.

The SOP sets out the process for considering the outlier notification and defines the roles and responsibilities in responding to the notification.

Process

1. The outlier correspondence will be received by corporate services and will be shared with the Executive Medical Director copying in the relevant operational Clinical Director.
2. If the outlier process fall out of process and an outlier letter is received directly by the clinical audit lead or clinical board, it is their responsibility to make the Medical Directors office or Patient Safety and Quality Team are made aware and forward the notification of outlier status as soon as possible.
3. A response letter/email will be sent to the referring organisation from the Medical Director's office within 5 working days to acknowledge receipt of the correspondence.
4. The outlier correspondence will be shared with the Assistant Director of Quality and Patient Safety and Head of Patient Safety and Quality Assurance who will liaise with the relevant clinical board to agree the terms of reference of a review.
5. A response to the outlier notification will be drafted collaboratively between the Patient Safety and Quality team, clinical audit lead and Clinical Board Director, detailing the data accuracy and relevant review findings and actions. This will be shared and agreed by the Executive Medical Director before the deadline for response.

Clinical Effectiveness Committee

The Clinical Effectiveness Committee will have oversight of all outlier statuses, involving key individuals with the skills, knowledge and authority to support a review of the data and the underlying performance to implement the requisite improvements. Outlier notification and responses will be noted and agreed in the Clinical Effectiveness Committee. Membership of the Clinical Effectiveness Committee is available in the CEC Terms of Reference

Governance and Monitoring

A detailed action plan should be developed to address the requisite improvements by the clinical board. The outcomes of the national audit and the action plan should be presented at the Cardiff and Vale Clinical Effectiveness Committee as per the National Clinical Audit SOP.

The responsibility for the monitoring and review of the associated action plan will sit with the Clinical Board. Where an action plan sits across two or more

clinical boards a lead clinical board will be identified for each action on the AMaT system

The action plan should be submitted on AMaT and monitored and reviewed on a regular basis in the relevant Clinical Board Quality and Safety forum and consideration given to including it in the clinical board risk register. Outcomes and progress of the action plan will be presented at CEC within an agreed timeframe to ensure progress and completion of actions.

Appendix 3: Guide to Developing Clinical Board Annual Clinical Audit Plans

This guide is aimed at helping Clinical Boards develop a forward plan of clinical audits to be carried out in its clinical services and ensure that people working in these services carry out the designated audits.

In order to progress a topic through clinical audit, you must have:

- A specific, focused clinical audit question;
- Published evidence, to provide evidence-based standards;
- An ability and willingness in your clinical team to improve practice in this area.

You will find included in this guide:

- A template for your Clinical Audit Plan and
- A topic identification tool to aid your selection of audits to be included in your plan.

Step One: Identify potential audits to include in your plan and prioritise these

Clinical audit topics should be chosen systematically. Projects take time and resources so the topics that you choose should be of potential benefit to the service as a whole. Consider the following:

- Does the suggested audit reflect UHB and clinical service priorities i.e. is the project important to the Directorate/Clinical Board/UHB rather than simply the personal interest of an individual clinician?
- Concerns regarding clinical care are often identified through the various facets of patient safety and quality; these concerns can be used to inform a clinical audit project and may be key audits for your plan.

- You may select topics that are of concern to patients, raised by way of a complaint;

- Adverse incident/Never Event/near miss reporting can highlight potential topics to audit;

- Claims data may direct your audit.

- Quality and safety priorities such as items on the Risk Register or items included in your IMTP.
- NICE Guidance.
- Mandatory audit.
- Follow-up from implementation/improvements.
- Re-audit.

The topic identification tool below is a simple mechanism that can be used to firstly identify potential topics to audit with your Directorates/Directorate Clinical Audit Lead and secondly to prioritise these topics for inclusion in the Clinical Board forward plan.

Step Two: Your prioritised list of topics must to be reviewed to ensure that the projects are suitable for clinical audit

You should at this stage:

- Identify a Nominated Project Lead for each audit.
- Submit your proposed plan to the Clinical Audit Department with supporting Clinical Audit Proposal Form for each audit topic identified (available on the 'Useful Documents' tab of the Clinical Audit intranet page) – this will enable y Clinical Audit Facilitators to discuss the suitability of your topics and if necessary help you identify key subjects in your clinical area.

Step Three: Sign off your Annual Clinical Board Plans

You should:

- Obtain Clinical Board sign off for plan approved by the Clinical Audit Department via your Clinical Board Quality, Safety and Experience Group.
- Confirm sign off (including date of meeting) to Clinical Audit
- Department.

SUMMARY

- Focus your efforts where there is greatest potential for improving the quality of care. Do not waste valuable time looking at areas where realistically you know there is little possibility of making improvements.
- Get all your stakeholders, colleagues, managers, etc, on board from the start and make sure that they understand clearly what you are trying to achieve.
- Clinical audit needs to be justifiable in terms of the benefits it will bring about for patients balanced against the amount of time and resources it takes. For each proposed project topic, ask yourself:

- What is the benefit for the patient of doing this project?
- Will it take a disproportionate amount of time and/or funds to complete?

Please note:

Tier 1 audits - National Mandatory Audits

Tier 2 audits - Patient Safety Priority Audits

Tier 3 Audits - Personal Interest

Appendix 4 TOPIC IDENTIFICATION TOOL

Source of Audit	Audit Topic	Direct Impact on Patient Care y/n	High Risk y/n	High Cost y/n	High Volume y/n	Relates to UHB Priorities y/n	Relates to Directorate Priorities y/n	Direct Patient Involvement y/n	Multi-disciplinary y/n	Interface y/n	Re-audit y/n	Score (number of Yes responses)
Recommendation from National Confidential Enquiry												
Welsh Risk Pool												
Published NICE Guidance												
National Patient Safety Agency												
National Service Framework												
National Audit												
Royal Colleges / National Body												
Published Research												
Local / regional guideline												
Patient feedback / complaints												
Adverse incident / near miss / Never Event												
Patient Clinical Pathway												

Appendix 4 Clinical Audit Forward Plan

Clinical Board: Directorate:

Audit Title/Topic	Tier 1 (mandatory) or Tier 2 (Patient Safety Priority Audit)	Reason for Topic Selection (i.e. NICE/Royal College/Adverse Incident)	Standards/Guidelines Auditing Against	Nominated Project Lead	Anticipated Start Date	Anticipated Presentation Date (to Safety & Quality Session)