

Bundle Quality, Safety & Experience Committee 26 May 2022

PUBLIC

1 QS22.106 Opening Remarks

2 QS22.107 Clinical Audit Plan

QS22.107 - Front sheet for QSE - Draft Audit plan for audit committee - April 2022 - March 2023cw.
v0.7.docx

QS22.107a - draft Tier 1 Draft Clinical Audit Plan 2022-2023.pdf

QS22.107b - draft Tier 2 Draft Clinical Audit Plan 2022-2023.pdf

3 QS22.108 YGC Improvement Action Plan

QS22.108 - Board and Committee Report-QSE-May22l.docx

QS22.108a - YGC action plan - QSE-26May22.pdf

4 QS22.109 Closing Business

Templed adroddiadau'r Bwrdd/Pwyllgor
Board/Committee report



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Bwrdd Iechyd Prifysgol
 Betsi Cadwaladr
 University Health Board

Cyfarfod a dyddiad: Meeting and date:	Quality, Safety and Experience Committee (extraordinary meeting) Thursday 26th May 2022
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Audit Plan 2022/23
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Nick Lyons, Executive Medical Director
Awdur yr Adroddiad Report Author:	Dr Conrad Wareham, Interim Deputy Medical Director
Craffu blaenorol: Prior Scrutiny:	Clinical Effectiveness Group (Thursday 14th April 2022)
Atodiadau Appendices:	Appendix 1 - Tier 1 Audit Plan 2022/23 Appendix 2 - Tier 2 Audit Plan 2022/23

Argymhelliad / Recommendation:

That the attached Audit Plans for 2022/23 are approved.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
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Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol
Y/N to indicate whether the Equality/SED duty is applicable

N/A

Sefyllfa / Situation:

After an extraordinary and unprecedented two and a quarter years a refresh of the approach to the Clinical Audit Plan 22/23 has been made. The impact of the COVID19 pandemic across all services leading to changes in significantly increased demand, in clinical practices and new ways of working, organisation and administration with staff redeployment, sickness and fatigue has created a number of risks that need urgent understanding and control. There has also been a focus on established areas of risk previously unresolved in some departments and areas.

Cefndir / Background:

Completion of the Tier 2 audits in 21/22 were challenging for the reasons stated above and, whilst relevant and important, do not provide all the information we need to drive necessary change today.

As a consequence many have been moved to Tier 3 for this year. Based on the learning from this we are proposing to direct the audit programme to align with currently recognised priorities as much as possible for this year.

It is recognised that this needs to be fully informed by the Corporate Risk Register as and when the Board is assured by the suitability and maturity of the former to do so. It is also recognised that the Clinical Audit Plan in future years will need to reflect primary as well as secondary care aspects of the Health Board.

Tier 3 audits are identified and completed by clinicians and clinical teams for their internal priorities and registered on a digital monitoring system.

National Clinical Audit & Outcome Review Plan (NCAORP) projects are those that have been annually prioritised by Welsh Government and mandated for Welsh Health Board participation. These mandated audits are referred to within BCUHB as 'Tier 1'. All applicable audits are included in the Tier 1 element of the BCUHB Clinical Audit Plan.

'Tier 2' Corporate projects included within this plan have been identified based on recognised high level risks or concerns and Health Board (HB) priorities. As stated above in the future this will be linked with the Corporate Risk Register but it is, for this year, based on current and emerging internal actions being taken to acute priorities, information arising from external (e.g. Royal College) reports or certain key Health Board wide policies and risks. The linkages are identified in the attached plan. This is in order to both obtain assurance of expected and required performance and also to facilitate learning for clinical and process development and improvement. In some cases where issues have been recognised in one area (e.g. consent in the Vascular unit) the audit seeks to determine compliance across the wider Health Board. Applicable audits are included in the Tier 2 element of the BCUHB plan. The list of Tier 2 units has been kept deliberately focused in order to facilitate effective action.

In some circumstances well established audits are conducted regularly for the purposes of accreditation in particular departments (e.g. radiology). As these are for accreditation rather than process improvement they are not included in the Tier 2 audits listed but are still reported through the governance mechanisms and through CEG.

The proposed Tier 2 audits have been discussed in the Clinical effectiveness Group (CEG) in the April meeting and appropriate changes made to the list attached.

Clarity is given to the Board that under each project there is an appropriate accountable lead responsible who is a Clinical Leader. There is also a clear plan and scheduling in the detail for each audit. The Deputy Executive Medical Director is working with the leads to ensure the adequacy of audit tools used and there is robust planning to ensure the audit covers all intended areas in the Health Board. These matters will be followed up by regular and exception reports through CEG.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

Strategy Implications

The draft plan reflects the breadth of topics embraced by the Welsh Government's NCAORP Plan. Tier 2 audits are linked to key quality and safety concerns, as well as areas for improvement within the HB. It will provide assurance about service quality and also identify improvement opportunities aligned with our quality strategy.

Tier 2 audits are:

- Weekly Ward Manager Audit – ongoing nurse led audit of multiple parameters of nursing care standards. Commenced 31 March 2022 across all three sites. Lead Debra Hickman (site Nursing Director Lead). Reported via Secondary Care Quality Group.
- End of life audit – assurance on standards of all Wales Do Not Attempt Resuscitation are met, this is planned at advanced stage of development but there is no defined start date yet, however it will be completed within the financial year. Lead Dr Ben Thomas. Reported through Secondary Care - Clinical Law and Ethics Group.
- Audit of upper gastrointestinal bleeding – assurance on standards of best practice care for upper gastrointestinal bleeding. Link with previous Coronal concerns. Data collection commenced 3 May 2022. Leads are the site medical directors Dr Steve Stanaway, Dr Balasundaram Ramesh, Dr Karen Mottart. Reporting via Secondary Care Quality Group to Quality and Safety Group.
- Informed consent within secondary care – assurance that best practice, professional standards and legal compliance is being met on informed consent for procedures. Link with experience from College of Surgeons report in vascular. Data collection underway for an audit in vascular. Health Board wide audit is commencing in June. Lead site medical directors Dr Steve Stanaway, Dr Balasundaram Ramesh, Dr Karen Mottart. Reporting to Consent and Capacity Strategic Working Group.
- Health Record keeping – assurance on standards of clinical records being met. Link with experience from College of Surgeons report in vascular. Data collection in vascular commenced 31 March 2022 rolling out to other areas through the year starting in June. Leads site medical directors Dr Steve Stanaway, Dr Balasundaram Ramesh, Dr Karen Mottart. Reporting to Secondary Care Quality Group and site Clinical Effectiveness Group.
- Antimicrobial point prevalence audit – assurance on appropriate initial choice antibiotic use meeting best practice. To ensure optimal clinical effect and minimised creation of resistant species. Data collection commenced 31 March 2022. Lead Dr Charlotte Makinga and Dr Karen Mottart. Reporting to Antimicrobial Steering Group.
- Antibiotic Review Kit/Start Smart Then Focus – assurance of follow up if antibiotic choice meeting best practice standards. To ensure optimal clinical effect and minimised creation of resistant species. Data collection commenced 31 March 2022. Lead Dr Charlotte Makinga and Dr Karen Mottart. Reporting to Antimicrobial Steering Group. Lead Teena Grenier. Reporting to Drug and Therapeutics Group.
- Compliance with BCUHB unlicensed medications policy – assurance of safety, clinical best practice and legal compliance. Data collection commenced 31 March 2022. Lead Teena Grenier. Reporting to Drug and Therapeutics Group.
- 2222 Audit Rapid Response to Acute Illness Learnings (RRAILS), Sepsis and Acute Renal Audit – assurance on meeting best practice standards in resuscitation and potentially avoidable high morbidity and mortality conditions. Data collection commenced 31 March 2022. Lead Christopher Shirley (Professional Development Lead Resuscitation) and Sarah Bellis Holloway

(Resuscitation Service Manager). Reporting to Resuscitation Committee, RRAILS and Acute Kidney Injury Steering Board.

- Compliance with relevant Local Safety Standard for Invasive Procedures (LocSSIPso) be carried out in each specialty (safety solutions). Lead Directorate Clinical Directors and Governance Leads. Reporting to Quality and Safety site leads.
- Compliance with Blood Safety and Quality Regulations – end to end practices in transfusion practice (also required for accreditation purposes). Data collection commencing 31 March 2022. Lead Bernadette Astbury. North Wales Managed Clinical Services Quality Committee.

Opsiynau a ystyriwyd / Options considered

N/A

Goblygiadau Ariannol / Financial Implications

The financial considerations that relate to this document are broad in terms of direct impact upon service delivery or a number of support departments. Clinical Audit enables the measurement of care delivery against evidence-based standards; facilitating optimum use of limited resources and identification of additional resource needs for improvement. These are identified within the individual context of each project. Also, there is the indirect cost of support services that contribute to successful participation of the projects identified as priorities by each team. These support functions need to be resourced if clinicians are to be able to participate and focus upon improvement activity.

Dadansoddiad Risk / Risk Analysis

The Tier 1 element of the 2022/2023 Clinical Audit Plan relates to mandatory projects as prioritised by Welsh Government within their NCAORP. Tier 2 includes some projects that are also required for accreditation, regulation and licensing; along with management of risk, quality, safety and patient experience. This has been mitigated by reducing the scope of activity of the corporate team for example introducing a digital solution to register tier 3 audits.

There is a risk of a lack of assurance for services where there is limited compliance with the plan. Where these are Tier 1 audits, it is usually due to lack of resources; this will be monitored and actioned through Clinical Effectiveness Group (CEG) using the regular quarterly and exception reports.

Where an audit identifies or impacts on a risk this will be linked to and managed through existing risk management structures.

Quarterly updates are completed on all Tier 1 and Tier 2 audits and are presented and discussed at the main Clinical Effectiveness Group (CEG) and listed on the cycle of business. If there is an outlier or potentially a concern this will be raised on a monthly basis to the local Clinical Effectiveness groups, to review and determine how this will be managed initially. First quarterly report for 22/23 audit plan is scheduled for August. There are no exception reports escalated to CEG to date. These action taken by CEG may include:

- clarification of extent, relevance and likely causes of non-compliance
- advice and oversight
- determination of other required actions including risk registration, regulatory or legal actions
- addition to the agenda or action plan for future meetings to ensure monitoring and trajectory to full compliance

In addition to oversight of progress CEG will also be accountable for ensuring the identification of the learning from Tier 1 and Tier 2 audits, that a suite of robust appropriate remedial or developmental actions are taken with specific accountable staff within agreed timelines and that these matters are monitored going forward. Where appropriate CEG will escalate items or refer to other relevant committees (eg End of Life audit is currently linked with the Learning from Deaths Panel where it is also a priority stream) or services.

It is essential that there is clear stakeholder involvement from appropriate departments, divisions, areas and sites on completed audit reports to ensure there is clear dissemination of learnings to clinical levels. As an initial step their feedback and internal actions will be required on reports submitted to CEG. Similarly significant concerns arising during audits will be disseminated as needed for immediate actions and mitigations. It may be necessary to establish a subcommittee or Task and Finish Group reporting to CEG. Going forward there is a need to develop structures and functions to ensure that clinical effectiveness, risk management and patient experience functions of clinical governance work in a complementary and synergistic function to give a more detailed and robust ability to detect, quantify and act on findings in the future. At this time the details of how this will be achieved are under development.

Currently there is under development scheduling of a regular “health check” meeting involving the Hospital Management Team. Prior to each local CEG previously these meetings have been ad hoc however the plan is to develop these into engagement meetings to support to ensure appropriate planning and action have happened prior to rather than within the committee meeting. The initial scheduling for regular meetings has been distributed week commencing 16th May, it is anticipated this will have a pivotal role with disseminating the learnings from Tier 1 and Tier 2 audits and other key clinical governance functions.

The minutes of CEG will reflect the specific actions taken.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The Tier 1 element of the 2022/2023 Clinical Audit Plan relates to mandatory projects as prioritised by Welsh Government within their NCAORP. Reporting on progress will be scheduled for the Clinical Effectiveness Group (CEG) on a quarterly basis leading to a full annual report in line with the new Clinical Audit Policy.

Asesiad Effaith / Impact Assessment

The premise of clinical audit is to establish the extent to which evidence-based standards are delivered in practice in a manner that reduces variance and optimises standardisation of excellent care and treatment for all. The policy will:

- Promote good practice as outlined above and encourages adherence to National guidance and standards.
- Promote standardisation and equality of access to good practice.
- Encourage patient and public involvement in clinical audit activity.

Reference:	Title of National Audit	East area Lead	Central Area Lead	West Area Lead	In year Data Submission	In year Report	Service	Location
NCAORP/2022/01	National Joint Registry	Mr Ian Wilson (Consultant Orthopaedic Surgeon)	Mr Madhusudhan Raghavendra & Mr Balasundaram Ramesh. (Consultant Orthopaedic Surgeon)	Mr Koldo Azurza (Consultant Orthopaedic Surgeon)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/02	National Emergency Laparotomy Audit	Mr Duncan Stewart (Consultant Surgeon) / Dr Siaredd Elliott (Consultant Anaesthetist)	Mr Richard Morgan (Consultant Surgeon) / Dr Magdy Khater (Consultant Anaesthetist)	Dr Stephan Clements (Consultant Anaesthetist) / Mr Nik Adullah (Consultant Surgeon)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/03	Comparative audit of critical care unit adult patient outcomes (casemix) ICNARC	Dr Andy Campbell (Consultant Anaesthetist)	Dr Richard Pugh (Consultant Anaesthetist)	Dr Karen Mottari/ Dr. Alison Igham, (Consultant Anaesthetist)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/04	Trauma Audit & Research Network (TARN)	Dr Ben Sasi (Anaesthetics Associate specialist)	Dr Tom O'Driscoll (Emergency Medicine Consultant)	Dr Leesa Parkinson / Dr Rio Talbot (Consultants; Emergency Department)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/05	National Diabetes Foot care Audit	Dr Anthony Dixon (Consultant Physician) & Nicola Joyce (Podiatrist)	Dr Aye Nyunt (Consultant Physician)	No Medical lead at present Jamie O'Malley (Diabetic Podiatrist)	Yes	No	Area Community Services	BCU-Wide
NCAORP/2022/06	Diabetes Inpatient Audit (NaDia)	Dr Stephen Stanaway (Consultant Physician) / Cheryl Griffiths (Diabetes Specialist Nurse)	Dr Thomas Dacruz (Consultant Diabetes & Endocrinology) / Kirstin Clark (Diabetes Specialist Nurse)	Dr Mohammed Murtaza (Consultant Physician) / Ceri Roberts (Diabetes Specialist Nurse)	Yes	Yes	Area Community Services	BCU-Wide
NCAORP/2022/07	Pregnancy in Diabetes Audit Programme	Dr Lynda Verghese (O&G Consultant), Dr Stuart Lee (Consultant Physician), Rao Bondugulapati (Consultant Physician), Gill Davies (Diabetes Specialist Nurse)	Dr Thomas Dacruz (Consultant Diabetes & Endocrinology), Kirstin Clark (Diabetes Specialist Nurse)	Dr Leela Ramesh (Consultant O&G), Dr Noreen Haque (Registrar O&G), Dr Tony Wilton (Consultant Physician), Ceri Roberts (Diabetes Specialist Nurse)	Yes	Yes	Area Community Services	BCU-Wide
NCAORP/2022/08	National Core Diabetes Audit: (Primary / Secondary Care & Insulin Pump elements)	Primary Care element: Dr Gareth Bowdler (Area Medical Director) Insulin Pump Element: Dr Rao Bondugulapati (Consultant Physician)	Primary Care element: Dr Liz Bowen (Area Medical Director). Insulin Pump element: Julie Roberts (Lead Diabetes Specialist Nurse), Dr Minesh Shah (Associate Specialist)	Primary Care element: Dr Jim McGuigan (Area Medical Director) Insulin Pump element: Dr Mohammed Murtaza (Consultant Physician)	Yes	Yes	Area Community Services	BCU-Wide
NCAORP/2022/09	National Paediatric Diabetes Audit (NPDA)	Dr Kamal Weerasinghe (Consultant Paediatrician),	Dr Helen Moore (Consultant Paediatrician)	Dr Michael Cronin (Consultant Paediatrician)	Yes	Yes	Area Community Services	BCU-Wide
NCAORP/2022/10	National Asthma & COPD Audit Programme (NACAP): Children and Young People Asthma	Dr Liz Richards (Locum Consultant)	Dr Lee Wisby (Consultant Paediatrician)	Dr Mair Parry (Consultant Paediatrician)	Yes	Yes	Area Community Services	BCU-Wide
NCAORP/2022/11	NACAP: Adult Asthma	To be confirmed by CD Medicine	Dr Dan Menzies (Consultant Physician)	Dr Claire Kiduff (Consultant Physician)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/12	NACAP - COPD	To be confirmed by CD Medicine	Dr Sarah Davies (Consultant Physician)	Dr Claire Kiduff (Consultant Physician)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/13	NACAP - Pulmonary Rehabilitation workstream	Michelle Owen (Clinical Specialist Physiotherapist / Pulmonary Rehab Coordinator)	Ann Ellis (Respiratory Occupational Therapist)	Tracy Redpath (Occupational Therapist) & Caerwyn Roberts (Physiotherapist)	Yes	Yes	Area Community Services	BCU-Wide
NCAORP/2022/14	Renal Registry	Dr Glover (Consultant Physician)	Dr Nair (Consultant Physician)	Dr Alejmi (Consultant Physician)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/15	National Early Inflammatory Arthritis Audit (NEIAA)	No lead agreed but audit in progress confirmed by Dr M Garton	Dr Alessandro Ciapetti (Consultant)	Dr Yasmeen Ahmad (Consultant Physician)	Yes	Yes	Area Community Services	BCU-Wide
NCAORP/2022/16	All Wales Audiology Audit	Childrens Services: Dafydd Hughes-Griffiths (Head of Paediatric Audiology) & Georgina Parry (Paediatric Audiology Operational Lead) Adult Rehabilitation: Jane Wild, BCU Head of Adult Audiology Susannah Goggins, BCU Head of Adult Rehab & Balance, Anna Powell, Head of Adult Rehab & Balance (East)	Adult Rehabilitation: Suzanne Tyson, Head of Adult Rehabilitation (Central)	Adult Rehabilitation: Heidi Turner, Head of Adult Rehabilitation (West)	Adult Rehab and Paediatric Audits conducted by external visits preceded by a period of data collection. Adult Rehab audited 2019 (report awaiting sign off by Scientific Committee). Paediatric Audit of 2020 postponed - awaiting rescheduling.	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/17	Stroke Audit (SSNAP)	Dr Walee Sayed (Consultant Physician)	Dr Krishnamurthy Ganeshram (Consultant Physician)	Dr Salah Elghenzai (Consultant Physician)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/18	Falls & Fragility Fractures Audit Programme: National Hip Fracture database	Mr Ian Starkes (Consultant Orthopaedic Surgeon)	Mr Amir Hanna (Consultant Orthopaedic Surgeon)	Mr Ashok Goel (Consultant Orthopaedic Surgeon)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/19	Falls & Fragility Fractures Audit Programme: Inpatient Falls Audit	Erin Humphreys (Interim Deputy Head of Nursing)	Dr Gerallt Owen (Consultant Physician)	Eleri Evans (Interim Head Of Nursing For Medicine - YG)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/20	Falls & Fragility Fractures Audit Programme: Fracture Liaison Service	No FLS Service	No FLS service	Dr Alexander (Consultant) Karin Howarth (Gen Manager Community Services (Centre))	Yes	Yes	Area Community Services	Central Only
NCAORP/2022/21	National Dementia Audit	Dr Sam Abraham (Consultant Physician)	Dr Indrajit Chatterjee (Consultant Physician)	Dr Conor Martin (Consultant)	No	No	Secondary Care Service	BCU-Wide
NCAORP/2022/22	National Audit of Breast Cancer in Older Patients (NABCOPI)	Mr Tim Gate (Consultant Breast Surgeon)	Miss Mandana Pennick, (Consultant Breast Surgeon)	Mr Ilyas Khattak (Consultant Breast Surgeon)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/23	National Audit of Care at the End of Life (NACEL)	Mrs Geeta Kumar (Deputy Hospital Medical Director - O&S)	Dr Tania Bugelli (Deputy Hospital Medical Director - O&S)	Dr Karen Mottatt (Hospital Medical Director - West)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/24	National Heart Failure Audit (NAHF)	Fiona Willcocks (Heart Failure Specialist Nurse)	Dr Mohammad Aldwaik (Consultant Cardiologist) / Andy Bennett (Heart Failure Specialist Nurse)	Dr Mark Payne (Consultant Cardiologist) / Nia Coster (Heart Failure Nurse)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/25	National Audit of Cardiac Rhythm Management (NACRM)	Dr Richard Cowell (Consultant Cardiologist), Dr Rajesh Thaman (Consultant Cardiologist)	Dr Mohammad Aldwaik (Consultant Cardiologist)	Dr Mark Payne (Consultant Cardiologist)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/26	National Audit of Percutaneous Coronary Intervention (NAPCI)	N/A	Dr Paul Das (Consultant Interventional Cardiologist)	N/A	Yes	Yes	Secondary Care Service	Central Only
NCAORP/2022/27	Myocardial Ischaemia National Audit Project (MINAP)	Dr Richard Cowell (Consultant Cardiologist)/ Lucy Trent (Nurse Practitioner)	Dr Paul Das (Consultant Interventional Cardiologist)	Dr Mark Payne (Consultant Cardiologist)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/28	National Vascular Registry Audit (inc. Carotid Endarterectomy Audit)	Mr Soroush Sohrabi (Clinical Director)	Mr Soroush Sohrabi (Clinical Director)	Mr Soroush Sohrabi (Clinical Director)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/29	National Audit of Cardiac Rehabilitation (NACR)	Jacqueline Cliff (Cardiac Rehabilitation Nurse Lead)	Catrin Warren (Cardiac Rehabilitation Physiotherapist)	Lisa Carson (Community Cardiac Rehabilitation Nurse)/ Iorwerth Jones (Exercise Physiologist-Cardiac Rehab)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/30	National Lung Cancer Audit	Neil McAndrew (Consultant Physician)	Dr Sakkarai Ambalavanan (Consultant Physician)	Dr Ali Thahaesun (Consultant Respiratory Physician)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/31	National Prostate Cancer Audit	Mr. Iqbal Shergill (Consultant Urologist)	Mr. Kingsley Ekwueme (Consultant Urologist)	Mr Kyriacos Alexandrou (Consultant Urologist)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/32	National Gastrointestinal Cancer Audit Programme	Bowel: Mr Micheal Thornton (Consultant Surgeon) Oesophago-gastric: Mr Andrew Baker (Consultant Surgeon) / Dr Thirloganaathan Mathialahan (Consultant Gastroenterologist)	Mr Andrew Maw (Consultant Surgeon) Oesophago-gastric: Mr Richard Morgan (Consultant Surgeon)	Dr Claire Fuller, (Consultant Oncologist) & Mr Anil Lalla (Consultant Surgeon) Oesophago-gastric: Dr Jonathan Sutton (Consultant Gastroenterologist)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/33	National Neonatal Audit Programme (NNAP)	Dr Artur Abelian (Consultant Paediatrician)	Dr Geedi Farah (Consultant Paediatrician), Mandy Cooke (Neonatal Quality and Governance)	Dr Shakir Saeed (Consultant Paediatrician)	Yes	Yes	Area Community Services	BCU-Wide
NCAORP/2022/34	National Maternity & Perinatal Audit (NMPA)	Maria Atkin (O & G General Manager & Business Lead)	Dr Niladri Sengupta (O&G Consultant)	Fiona Giraud (Director of Midwifery and Women's Services)	Yes	Yes	Secondary Care Service	BCU-Wide
NCAORP/2022/35	Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People.	Lin Bradley (Paediatric Epilepsy Nurse), Dr Praveen Jauhari (Consultant Paediatrician)	Dr Gemma Macey (Consultant Paediatrician, Acute), Dr G Hamlin-Grenham (Community Paediatric Consultant)	Dr Kathryn Foster (Consultant Paediatrician)	Yes	Yes	Area Community Services	BCU-Wide
NCAORP/2022/36	National Clinical Audit of Psychosis	No EIP service	No EP service	Louise Rosenthal, EIP Service Manager	Yes	Yes	Secondary Care Service	West Only
NCAORP/2022/42	National Covid-19 Audit	Dr Liz Brohan (Consultant Physician)	Dr Daniel Menzies (Consultant Physician)	Dr Claire Kiduff (Consultant Physician)	Yes	No	Secondary Care Service	BCU-Wide
NCAORP projects not applicable to BCUHB: (due to commissioned services elsewhere):								
NCAORP/2022/37	National Adult Cardiac Surgery Audit							
NCAORP/2022/38	National Congenital Heart Disease Audit							
NCAORP/2022/39	Paediatric Intensive Care Audit (PICANet)							

Project Ref Number	Project Title	Internal guidance	Corporate policy	External review	Re-audit/continuous	Risk Register	Which BCUHB priority does this support?	Proposed Start Date	Proposed Finishing Date	Objectives being met: please include	Accountable Lead(s)	Responsible Corporate Group	In year Data Collection	In-year Report	Risk Assessment (see key below)	Speciality	Service
Acute/22/01	Ward Manager Weekly Audit			Y	Y	Y	Highly reliable clinical care	Across financial year 2022/2023	Ongoing - no end date	This audit complements the ward accreditation framework by monitoring standards across a number of areas. The topics are patient safety, harm free care, medication safety, infection prevention, record keeping, nutrition and hydration, toileting and hygiene, patient experience, dementia care and learning disability care. Data is owned by wards for own quality improvements. The Ward Manager Weekly audits are reported to site Quality and Safety meetings and quarterly to the Secondary Care Patient Safety and Quality Group as part of the Secondary Care Governance structure. Collection of data is on BCUHB informatics programme.	Site Directors of Nursing - Lead Debra Hickman	Secondary Care Quality Group	Yes	Yes	Critical	Nursing	Nursing
Acute/22/02	End of life audit		Y	Y	Y	Y	Highly reliable clinical care	Across financial year 2022/2023	31 March 2023	Ensuring compliance against All Wales DNACPR policy, which in turn will develop relevant pathways/standard operating procedures as appropriate. Improving documentation of DNACPR and communication with Primary Care. Ensure appropriate Mental Capacity assessment. Potential to move from paperbased to AMaT software this year.	Dr Ben Thomas, Consultant Nephrologist, Renal	Secondary Care - Clinical Law and Ethics	Yes	Yes	High	Corporate	Secondary Care Services / Area Community Services
Acute/22/03	Audit of upper GI bleeding	Y		Y			Highly reliable clinical care. Reduce patient harms	3rd May 2022	30th July 2022	Examine the clinical management and use of blood in patients with acute upper gastrointestinal bleeding and to assess improvements that have been made regarding resource availability, clinical assessment, management, transfusion practice and patient outcomes. On line tool run by the host.	Site Medical Directors; Dr Steve Stanaway, Dr Balasundaram Ramesh, Dr Karen Mottart reporting to the Secondary Care Quality Committee and thereafter Quality and Safety Group	Secondary Care Quality Group/ Site Clinical Effectiveness Group	Yes	Yes	Critical	Corporate	Secondary Care Services
Corp/OMD/Consent/22/01	Informed Consent within Secondary Care - A Retrospective Re-audit of Consent review	Y	Y		Y	Y	Highly reliable clinical care. Reduce patient harms	Jun-22	01 October 2022	Ensure compliance with the consent to examination or treatment processes to include completion of appropriate consent forms and compliance with the Welsh Language Regulations. Proforma designed and data collection tool designed through AMaT	Site Medical Directors; Dr Steve Stanaway, Dr Balasundaram Ramesh, Dr Karen Mottart reporting to the Secondary Care Quality Committee and thereafter Quality and Safety Group	Consent and Capacity Strategic Working Group	Yes	Yes	Critical	Corporate	Secondary Care Services
CORP/22/01	Record Keeping to include reference to documentation of MDTs as well as general note entry	Y	Y		Y		Highly reliable clinical care. Reduce patient harms	Across financial year 2022/2023	31 March 2023	Measure compliance with local policy to reduce patient harm - designed for surgical to collect data from AMaT, (STAG). Medical areas need to review the data set - needs to be developed, and then collected on AMaT to keep consistency across BCUHB	Site Medical Directors; Dr Steve Stanaway, Dr Balasundaram Ramesh, Dr Karen Mottart reporting to the Secondary Care Quality Committee and thereafter Quality and Safety Group	Secondary Care Quality Group/ Site Clinical Effectiveness Group	Yes	Yes	Critical	Corporate	Secondary Care Services
PMM/22/01	Antimicrobial Point Prevalence Audit (Inpatients)	Y		Y	Y		Safe, Clean, Care. Keeping People Safe from Avoidable Harm	Across financial year 2022/2023	31 March 2023	Monitors antibiotic use across all sites	Charlotte Makanga (Consultant Antimicrobial Pharmacist) Co-Lead, Lead Karen Mottart	Antimicrobial Steering Group	Yes	Yes	High	Medicines Management	Area Community Services
PMM/22/02	Antibiotic Review Kit (ARK)/Start Smart then Focus	Y		Y	Y	Y	Safe, Clean, Care. Keeping People Safe from Avoidable Harm	Across financial year 2022/2023	31 March 2023	Monitor use of check list and forced stop to support appropriate antibiotic use audit via Public Health Wales tool	Charlotte Makanga (Consultant Antimicrobial Pharmacist) Co-Lead, Lead- Karen Mottart	Antimicrobial Steering Group	Yes	Yes	High	Medicines Management	Area Community Services
PMM/22/03	Compliance with the BCUHB Unlicensed Medicines Policy (MMA2)	Y	Y		Y		Keeping People Safe from Avoidable Harm	Across financial year 2022/2023	31 March 2023	To audit compliance with MMA2 regulations	Teena Grenier (Medicines Governance Lead Pharmacist)	Drug & Therapeutics Group	Yes	Yes	High	Medicines Management	Area Community Services
RES/22/01	2222 Audit (RRALS), sepsis and Acute Kidney Injury (AKI)	Y	Y	Y	Y	Y	Highly reliable clinical care. Reduce patient harms. Quality and Safety	Across financial year 2022/2023	Ongoing - no end date	Monitoring if emergency call responses across all sites of BCUHB are in line with existing BCUHB Resuscitation Policy, compliance and escalation of the deteriorating patient through NEWS. Data is all collected from informatics warehouse system	Christopher Shirley (Professional Development Lead - Resuscitation) Sarah Bellis Holloway (Resuscitation Services Manager)	BCUHB Resuscitation Committee, & Rapid Response to Acute Illness Learning Set (RRALS), sepsis and Acute Kidney Injury (AKI) Steering Board	Yes	Yes	High	Corporate	Corporate
Q&S/201	Compliance with relevant LocSIPs to be carried out in each speciality (safety solutions)	Y		Y	Y	Y	Quality and Safety. Highly reliable clinical care	Across financial year 2022/2023	31 March 2023	Ensure Compliance with local guidance - this is a programme of audits - designed in AMaT principle of questions are the same across BCUHB, one per quarter methodology, this site under site medical.	Directorate CD's/CG leads(KM,TB,GK)	Quality and Safety site leads	Yes	Yes	High	Corporate	Secondary Care Services
BSQR/2022	Auditing compliance with the Blood Safety and Quality Regulations	Y		Y	Y		Highly reliable clinical care. Reduce patient harms	Across financial year 2022/2023	31 March 2023	These Regulations impose safety and quality requirements on human blood collection and storage. The requirements apply to blood transfusion services in England, Scotland, Wales and Northern Ireland. Many of the provisions of the Regulations also apply to hospital blood banks. BSQR audit is a rolling calendar for transfusion across BCU, it is monitored through our quality group and reported to HTC through the annual management review report or by exception.	Main Contact - Bernice Astbury Links for sites: Blood Bank Managers - Joe Leung (Bangor), Luke Hughes (Glan Clwyd) and Tony Coates (Wrexham)	NWMCs Quality Committee	Yes	Yes	Critical	North Wales Managed Clinical Services	Secondary Care Services

Templed adroddiadau'r Bwrdd/Pwyllgor
Board/Committee report template



Cyfarfod a dyddiad: Meeting and date:	QSE 26 May 2022						
Cyhoeddus neu Breifat: Public or Private:							
Teitl yr Adroddiad Report Title:	Ysbyty Glan Clwyd Improvement Plan						
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Planning, Transformation & Commissioning						
Awdur yr Adroddiad Report Author:	Chris Stockport						
Craffu blaenorol: Prior Scrutiny:							
Atodiadau Appendices:	Presentation						
Argymhelliad / Recommendation:							
<p>The Committee is asked to note the decision to implement a YGC Improvement Plan.</p> <p>This whole site improvement plan approach addresses the improvements required in the Emergency Department and Vascular Service recently identified by Health Care Inspectorate Wales, the Royal College of Surgeons, and others. Importantly, taking a whole site approach will ensure that we capture, and address, these issues within the context of the whole site.</p> <p>The approach is built firmly upon improvement science best practice.</p>							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
<p>On 9th May, Healthcare Inspectorate Wales (HIW) designated the Emergency Department at Ysbyty Glan Clwyd (YGC) as a Service Requiring Significant Improvement.</p> <p>On 21st February, HIW designated Vascular Services at YGC as a Service Requiring Significant Improvement.</p>							

This paper, and the attached presentation, explain the coordinated approach we are taking on the YGC site, to both encompass the necessary improvements within the above services, whilst also ensuring that any other changes on site that may be required occur in a coordinated way.

Cefndir / Background:

Two key services on the YGC site have been identified as requiring Significant Improvement. However neither of these services work in an isolated way on the site; rather they are tightly interlinked to other services on the site and to the overall function of the site.

The findings outlined by HIW have been considered within that context. Alongside, other sources of information and assessment have also been triangulated. This has led us to conclude that an Improvement Plan rigorously built upon evidence based improvement methodology, and encompassing the site as a 'whole system', would be a much more effective approach than responding to the two identified services in isolation.

This improvement plan will be substantial in scope and depth, and to do correctly requires careful formation and co-production. This preparatory work has commenced and will continue to progress at pace to reflect the urgency required.

The full scope of the Improvement Plan will be established by the end of May, with many elements having already commenced.

Already, an outline structure has been set around key themes that have been identified by triangulation of the respective reports and other data sources. These five key themes are

1. Back to Basics
2. Leadership, Empowerment, Culture and OD
3. ED, Medicine & Flow
4. Vascular & Theatres
5. Audit, Outcomes & Assurance

In addition, care has been taken to ensure the site plan dovetails seamlessly into existing Transformation Programmes within the Health Board which will offer consistency of approach leading to a result greater than the sum of parts.

As the increasing detail to the Improvement Plan is populated during May, the existing Immediate Improvement plans for ED and Vascular Services will be fully subsumed into the YGC Improvement Plan. In this way the immediate actions can be progressed and then reinforced within the YGC plan.

The YGC Improvement Plan will see the investment of considerable training and support in the field of service improvement, using internationally tried and tested methodology.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

This approach brings a firm, evidence-based approach to improvement across the YGC site.

Adoption of 'SMART' metrics against which to demonstrate progress, with underlining activities programmed against expected delivery timelines, are fundamental components of an evidence-based approach.

A continual improvement approach will be taken, such that lessons arising from implementing a site-based improvement plan at YGC can be shared with other BCU sites and externally, further contributing to the improvement science evidence base.

Opsiynau a ystyriwyd / Options considered

Seperate, specific, action plans were considered for ED at YGC, and Vascular Services at YGC as a alternative to a site-wide YGC Improvement Plan. The Executive Team were clear that this approach was less likely to be successful in those two areas, and be of less benefit across the site.

Goblygiadau Ariannol / Financial Implications

Esboniwch y goblygiadau ariannol. Gallai'r adran hon gynnwys sylwadau'n ymwneud â pha un a yw'r gwariant yn unol â'r gyllideb neu heb fod yn unol â'r gyllideb, amseru arfaethedig y gwariant. Os oes achos busnes manwl wedi'i baratoi ar gyfer cynnig, dylid crynhoi prif bwyntiau ariannol yr achos yma. Dylai cynigion ddatgan y canlyniadau cyfalaf/refeniw a ffynhonnell y cyllid/cyllideb sydd wedi'i chanfod. Dylai'r adran hon ddilyn canllawiau ariannol y Bwrdd lechyd. Mae'n rhaid i unrhyw gynnis nad yw'n unol â'r gyllideb dderbyn cymorth gan Gyfarwyddwr Gweithredol Cyllid cyn ei gyflwyno. Mae'n rhaid hefyd i awduron ystyried a manylu ar unrhyw oblygiadau eraill o ran adnoddau fel gweithlu, TG, ystadau ac ati.

Explain the financial implications. This section might include comments on whether the expenditure is budgeted or unbudgeted, the proposed timing of the expenditure. If a detailed business case has been prepared for a proposal, the major financial points of the case should be summarised here. Proposals should clearly state the capital/revenue consequences and the funding source/budget which has been identified. This section should follow the Health Board's financial guidelines. Any proposal which is not budgeted for must have input from the Executive Director of Finance prior to submission. Authors must also consider and detail any other resource implications such as workforce, IT, estates etc.

Dadansoddiad Risk / Risk Analysis

Dadansoddwch y prif risgiau sy'n gysylltiedig â'r mater ac esboniwch sut caiff y risgiau hyn eu rheoli. Cynhwyswch y sgôr risg os yw'n briodol e.e. Mae'r mater hwn wedi'i gofnodi ar hyn o bryd ar yr Haen... Cofrestr Risg gyda sgôr o Mae'r camau lliniaru sydd ar waith ar hyn o bryd yn cynnwys

Analyse the major risks associated with the matter and explain how these risks will be managed. Include the risk score if appropriate e.g. This matter is currently logged on the Tier... Risk Register with a score of Mitigating actions currently in place include

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Amlinellwch unrhyw oblygiadau cyfreithiol sydd ynghlwm wrth y cynnig. Amlinellwch pa ddangosyddion perfformiad allweddol (KPIs) a/neu adrodd yn ôl wrth y Bwrdd fydd yn digwydd yn ystod y broses weithredu ac ar ei hôl

Outline any legal implications of the proposal. Outline what KPIs and/or reporting back to the Board will occur during and after implementation.

Asesiad Effaith / Impact Assessment

*Amlinellwch p'un a yw ystyriaeth briodol wedi'i rhoi am effeithiau posibl. **I gynnwys, ond heb fod yn gyfyngedig i;** cydraddoldeb, dyletswydd economaidd-gymdeithasol, Y Gymraeg, ansawdd, llywodraethu data, digidol, hawliau plant a goblygiadau amgylcheddol sy'n deillio o faterion yr eir i'r afael â nhw yn yr adroddiad. Ar gyfer rhai cynigion, yn enwedig y rhai sy'n ymwneud â phenderfyniadau, polisiau, gweithdrefnau strategol neu ddarparu gwasanaethau, efallai y bydd angen cynnal **un neu fwy** o asesiadau effaith. Dylai'r adran hon gynnwys manylion byr am ganlyniad asesiadau o'r fath, a chadarnhau p'un a fydd angen cymryd unrhyw gamau lliniaru o ganlyniad a cherrig milltir / terfyn amser cysylltiedig.*

*Outline whether due regard has been taken for potential impacts. **To include, but not limited to;** equality, socio economic duty, Welsh language, quality, data governance, digital, children's rights and environmental implications arising from matters addressed in the report. Some proposals, particularly those relating to strategic decisions, policies, procedures, or delivery of services may require **one or more** impact assessments to be carried out. This section should include brief details of the outcome of such assessments, and confirm whether any mitigating actions will need to be taken as a result and associated milestones / timeframe.*

YGC Improvement Plan

QSE

26 May 2022



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Background

Recent months have seen a number of external concerns being raised with regard to services at Glan Clwyd Hospital. These include concerns regarding the Vascular Service, and the Emergency Department.

Both services have commenced improvement plans.

However, these concerns must also be placed into context:

- There are other concerns that have been raised which would not directly relate to these two services
- There are elements of the concerns in both Vascular and ED that are likely to apply more widely on site than in those two respective services



Triangulation

The use of triangulation is important for several reasons

Thematic triangulation of intelligence is required to identify themes and areas of greatest concern. This allows a more informed and focused plan to be created which in turn is more likely to result in successful improvement.

Temporal triangulation demonstrates where previous approaches to improvement have been successful over time and embedded, or conversely where they have been unsuccessful. This allows us to revise our approaches which in turn is also more likely to result in successful improvement.



Triangulation

A triangulation exercise has been completed to inform the need for a YGC site improvement plan.

Multiple sources of information have been used in order to triangulate findings.

Sources of information have included (but not limited to):

HIW reports
Public Services Ombudsman reports
Concerns, complaints, patient stories, and Legal and Risk reports
Coroner reports, including Regulation 28
The BCU Quality Review assessment of YGC in October 2020
The Royal College of Surgeons Vascular review and associated materials (including the Vascular Improvement Plan)
Data available from the BCU Performance Team, and WG
Improvement Cymru feedback



General observations

Triangulation shows that similar concerns have been seen outside of the ED and Vascular environments in YGC.

A broader site-based approach would better support those areas.



General observations

A greater routine use of our datasets, and of triangulation, would better identify and quantify areas for improvement



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General observations

A greater routine use of our datasets, and of triangulation, would better identify and quantify areas for improvement



General observations

There is an opportunity to improve our consistency of approach, which endorses the importance of our commitment to a single and coordinated methodology.



General observations



SMART needs to be standard. It is well tested outside of BCU but not well understood inside of BCU.



General observations

The pandemic has likely had an impact upon organisational capacity. This includes the capacity to improve is a challenge and a pragmatic approach is required.

Up-skilling and up-valuing of improvement as being part of everyone's role is required. In the short-term protected capacity will be required.



Improvement principles

1

The improvement required is complex and **must** be addressed methodically.

The recently agreed BCUHB Improvement toolkit will be used:

- It is built upon evidence-based improvement and project management science
- It will minimize confusion that would arise from multiple methodologies being used
- It will simplify assurance reporting against agreed improvement KPIs



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Improvement principles

2

Sufficient capacity to **support** improvement must be provided, though the staff of YGC must **own** their own improvement activity



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Improvement principles

3

The YGC plan will overlap with other (pan) BCU Improvement Programmes.

So Programme Managers will ensure the overlap is complementary and aligned so as to not dilute effect or focus



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Improvement principles

4

Though presented as a single overarching plan, the YGC improvement plan will be built upon incremental steps, ensuring the basics are right and are consistently in place.

This will build upon initial diagnostic work



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Improvement principles

5

Improved **and sustained** outcomes are what matter.

A small number of outcome focused metrics will be regularly reported. It is likely these will change as we move through incremental steps

- But only if consistent improvement is seen
- Even then the cyclical re-audit of de-escalated metrics will still occur. Deteriorating metrics will return back to focused reporting



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Improvement Fellow

A Quality Improvement Fellow is being appointed at YGC (in addition to the Theatres Fellow).
A call for Expressions of Interest closes on 25th May.

A specific programme has been created to support the successful post-holder.
This includes in-depth external IHI training, systems training, and regular coaching.

In addition there is a bespoke element to tailor to the individual, and to any emerging needs.



Outline Plan Architecture

Immediate action plan has been deployed for immediate make-safes in ED and Vascular. Those plans are extant and will remain so until subsumed within the respective parts of the longer-term overarching YGC Improvement Plan.

The overarching YGC Improvement Plan is being finalised following the evidence based principles outlined on earlier slides.

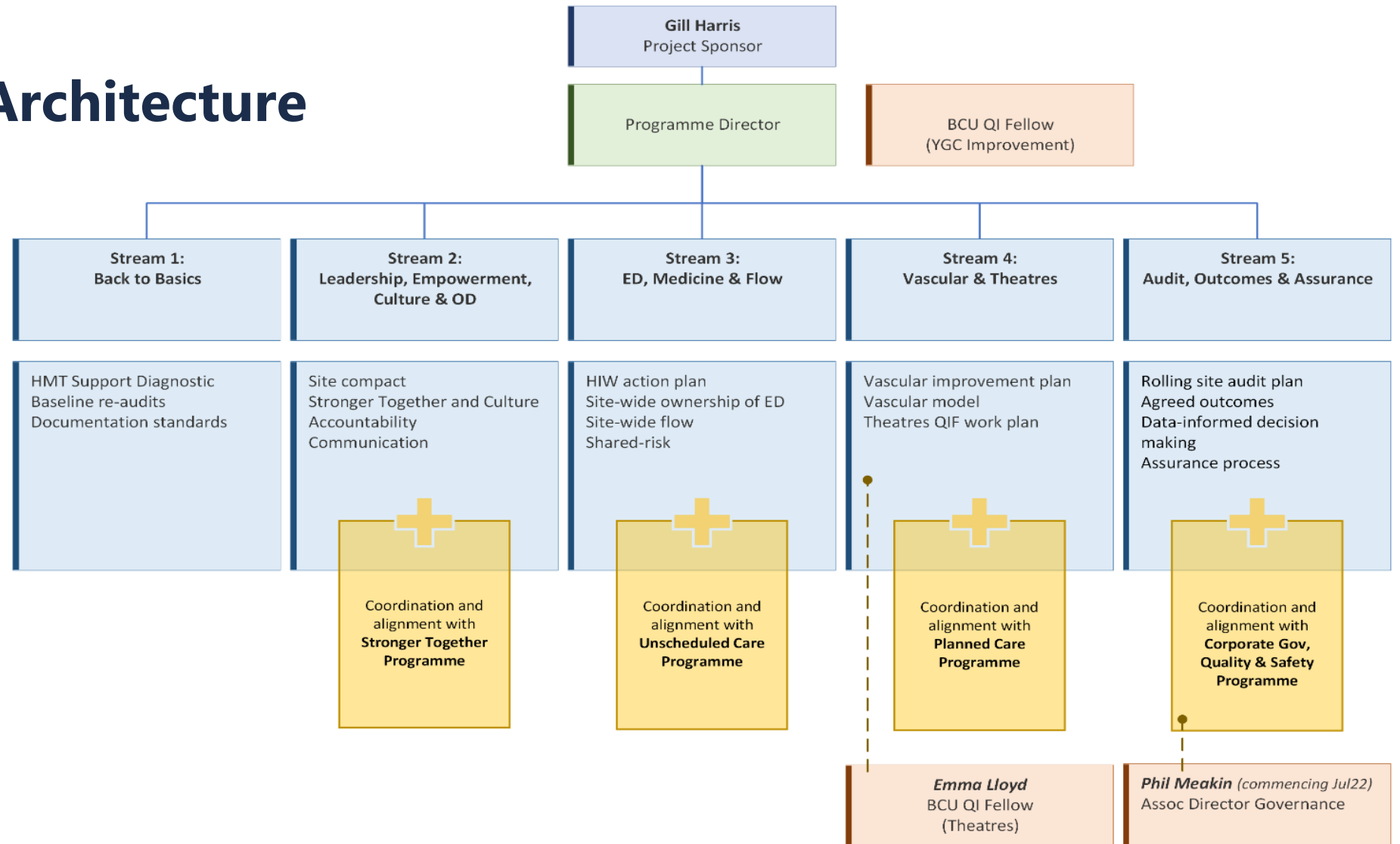
To stress, in addition to longer term activity the YGC Improvement Plan will subsume all remaining elements of the immediate action plans.



Outline Plan Architecture

5 Streams of work, connected in to relevant current Transformation programmes,

plus one additional pan-BCU Transformation programme



Outline Plan Architecture

Stream 1: Back to basics

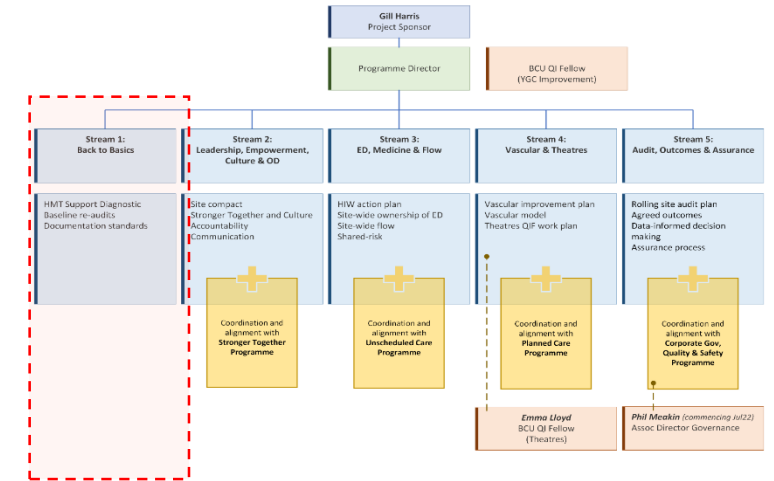
There are some fundamental basics that need to be addressed before moving too much further.

Including:

HMT Support Diagnostic

Documentation standards

Baseline re-audit of areas where previous assurance has been given



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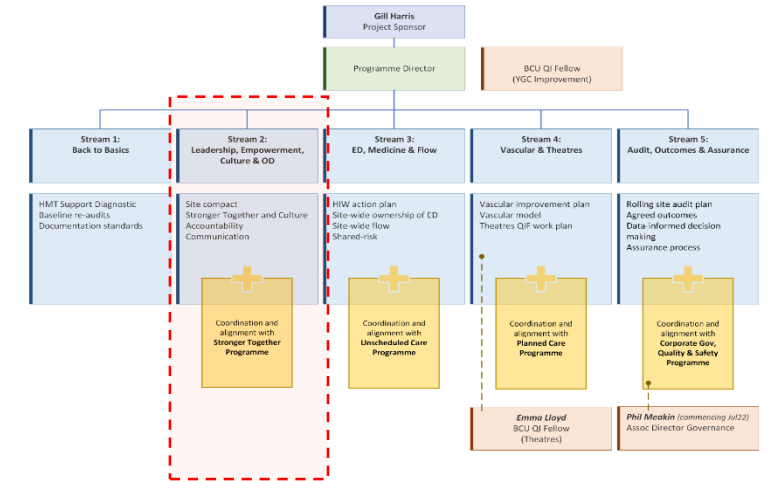
Outline Plan Architecture

Stream 2: Leadership, Empowerment, Culture & OD

Including:

Exploration of a Virginia Mason style 'site compact'
Stronger Together & challenging sub-optimal cultures
Support for collective site leadership, and emerging leaders
System based Accountability

*This stream has overlap with the BCU wide Stronger Together transformation programme.
The overlap will be actively coordinated and aligned.*



Outline Plan Architecture

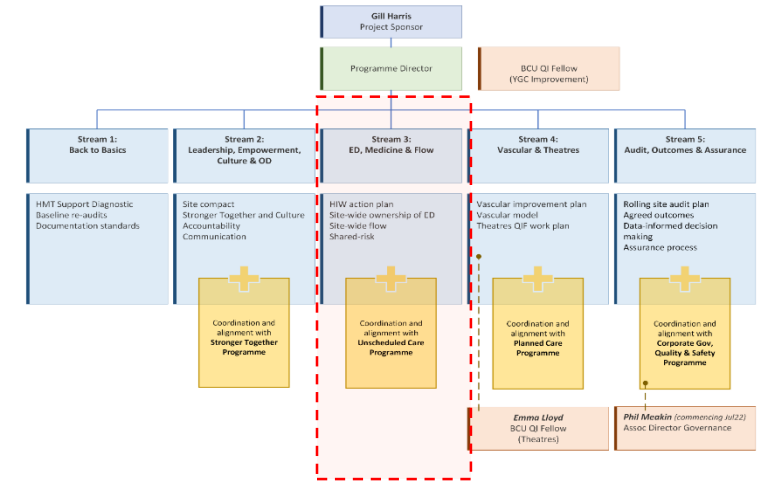
Stream 3: ED, Medicine and Flow

There are issues that arise in, and require resolution from, ED.
But that is only a part of the ED story.

The adverse environment in ED is directly related to unbalanced flow in the system and de-escalating the risk in ED needs to be owned by the system, not by ED alone.

e.g. Referral direct to specialty (one of many examples)

This stream has overlap with the BCU wide Unscheduled Care transformation programme. The overlap will be actively coordinated and aligned.



Outline Plan Architecture

Stream 4: Vascular and Theatres

Including:

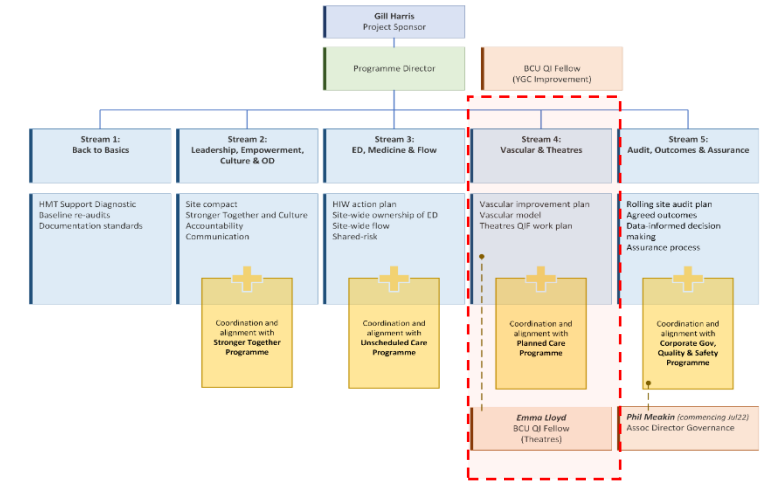
The Vascular Improvement plan

Refinement of the Vascular model

Theatre QI work plan, and theatre related never events

Decompression of site pressure by maximising 'site-lite' planned care approaches

This stream has overlap with the BCU wide Planned Care transformation programme. The overlap will be actively coordinated and aligned.



Outline Plan Architecture

Stream 5: Audit, Outcomes & Assurance

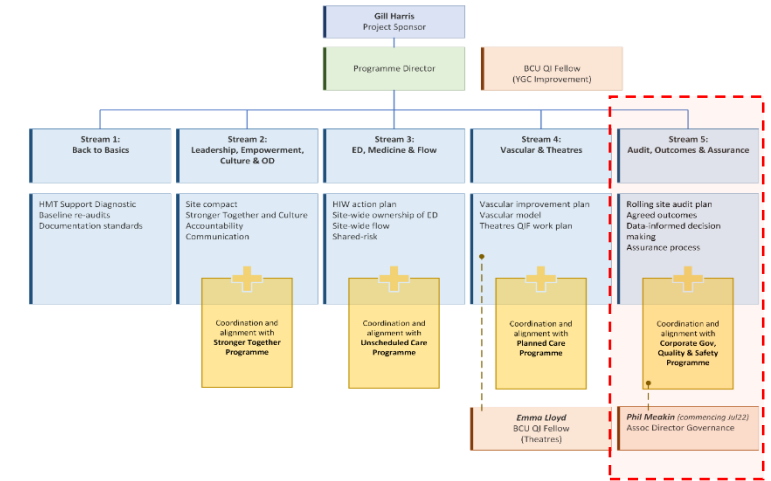
Including:

Addressing issues that are limiting assurance

Making better use of the available data to proactively triangulate and enquire

Confidence in a rolling audit plan

This stream has overlap with a new Corporate Governance, Quality & Safety transformation programme that is being scoped. The overlap will be actively coordinated and aligned.



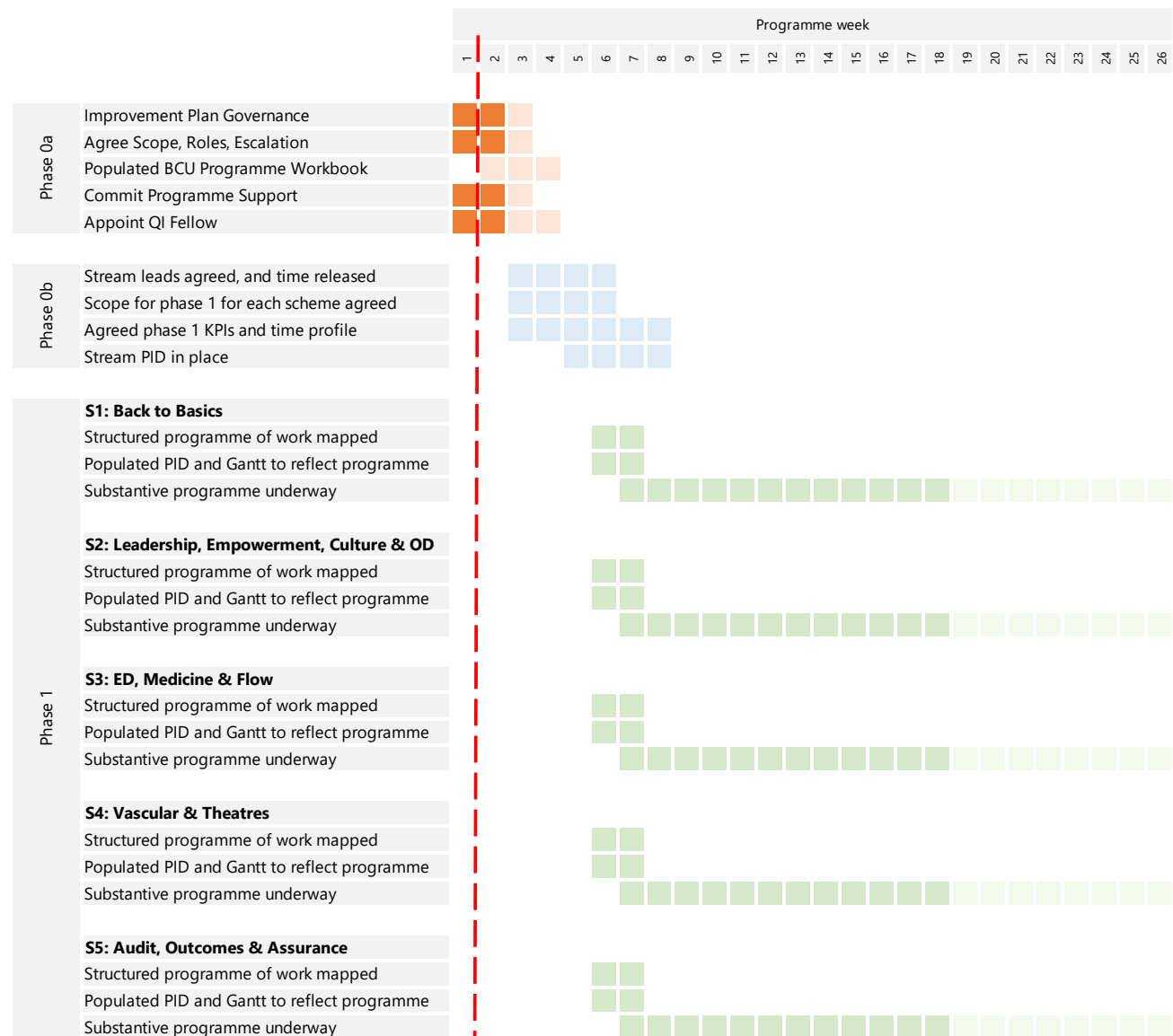
Next steps (SMART)

Ongoing discussions with partners

Discussion with HMT w.b. 23 May to continue populating plan and key leads

Each stream populated by early June and progressing

Will only accept a strict adoption of SMART metrics and that will then be programme managed against





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