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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22 August 2019	Agenda Item	5.6
Report Title	Clinical Audit and Effectiveness Report		
Report Author	Sharon Rağbetli, Clinical Audit & Effectiveness Manager		
Report Sponsor	Richard Evans, Executive Medical Director		
Presented by	Richard Evans, Executive Medical Director		
Freedom of Information	Open		
Purpose of the Report	Provide assurance regarding participation in the mandated list of topics set out by the NHS Wales National Clinical Audit and Outcome Review Advisory Committee (NCA&ORAC), summarising issues and exceptions.		
Key Issues	<p>It is mandatory to participate in those projects relating to the services we provide. Progress and issues are highlighted.</p> <p>Welsh Government requires a response to assurance forms issued following publication of a national audit/registry. Significant improvements have been made to the Health Board process and progress is highlighted within the report.</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to note the contents of the report.		

1. Introduction

The report aims to provide an overview of the Health Board's position in relation to participation in the mandated National Clinical Audit and Outcome Review Advisory Committee Programme for 2019/20 and associated Welsh Government Assurance process.

2. Background

The Health Board is required to participate in the mandated national audits/registries and clinical outcome reviews that are relevant to the services it provides. The list is refreshed and published annually by the National Clinical Audit and Advisory Committee.

The list has increased in number. For 2019/20 38/40 projects included are relevant to the Health Board, in addition to the Clinical Outcome Review Programme (formerly NCEPOD) studies collecting data during the period (Appendix 1.).

There is a continuing trend of converting what were time-limited or bi-annual mandated national projects, to continuous data collection e.g. Pulmonary Rehabilitation, Asthma and COPD Audits.

Welsh Government requires that Health Boards complete and submit a two-part assurance proforma following the publication on a topic included within the mandated list. Part A is required within four weeks of publication and identifies those national recommendations that require action locally. Part B requires more detail around the specific actions and any progress made and should be submitted within 12 weeks of publication.

Following the retirement of the Clinical Effectiveness and Governance Manager, this process is now facilitated by the Clinical Audit and Effectiveness team and monitored by members of the Executive Medical Director's Department.

3. Governance and Risk Issues

Identified issues and concerns regarding participation in mandated projects and the associated Welsh Government assurance process are escalated as required to the relevant Unit Medical Director(s) for action.

In addition to the nationally mandated audits there are a range of activities around which we are unable to adequately determine whether audit processes are required or whether adherence to quality standards is assured. For example, there are a variety of instructions such as Patient Safety Notices (PSN) which mandate an audit process as part of their recommendations. Further work will be required to identify the relevant standards and to determine the appropriate audit process.

a. Updates on individual NCA&ORC Projects

- The Clinical Lead for the **Chronic Obstructive Pulmonary Disease (COPD)** project at Morriston previously expressed concerns regarding the impact of coding backlogs on the availability of cases to meet tight cohort deadlines. The project which was originally designed to be undertaken prospectively by clinicians on the wards, is currently supported by the Clinical Audit and Effectiveness team. For the last two cohorts of patients covering the October - December 2018 and January – March 2019 periods, Morriston submitted 100% of coded episodes meeting the study criteria and Singleton 99% and 98%.
- The new **Adult Asthma Audit** is running as planned. The first cohort covering the period November 2018 – March 2019 ended on 10th May. Of the coded episodes meeting the study criteria, Morriston and Singleton submitted 100% and 98% respectively.
- A backlog of forms at Neath Port Talbot for the **National Joint Registry** was cleared by the Clinical Audit and Effectiveness team, who will now support the project prospectively for the Unit.
- The Clinical Outcomes Review Programme study into **Acute Bowel Obstruction** piloted electronic completion of clinical questionnaires. There were significant difficulties reported across Wales which resulted in many users reverting to completion of paper copies. All required questionnaires were submitted by the deadline.
- The submission deadline for the **National Emergency Laparotomy Audit** (NELA) 2018 patients was 5th February. Morriston submitted all but one case to the Year 5 study. Each year the clinical lead has found it necessary to request case-notes retrospectively to complete any missing information prior to the deadline. Moving forward, the Clinical Audit team will be monitoring completion of the data fields and complete and close down any cases with missing discharge information. They will also contact the responsible surgeon to complete any additional fields as required.
- Morriston has agreed to be a pilot site for the **Trauma Audit and Research Network** (TARN) preferred injury inclusion criteria project. Additional cases will be identified and included for the period late May until the end of July.
- The **Paediatric Asthma Audit** commenced in June 2019. The Clinical Audit and Effectiveness team are working with the lead clinician to find the most appropriate way of providing support. The Information Department has again developed a real time coding report. An update will be provided in the next report.
- Following receipt of correspondence indicating that the Morriston Unit was an outlier, the lead clinician for the **Dementia Audit** was supported in revisiting the relevant case-notes to establish an action plan to improve multi-disciplinary team discussions and planning.
- Difficulties in identifying relevant cases for the **Long Term Ventilation Study** meant that one case was considered to be appropriate for inclusion and has resulted in the Health Board not being able to participate in the completion of

clinical questionnaires. However, an organisational questionnaire was required and submitted for both Morriston and Singleton.

- The clinical questionnaires will be distributed electronically for the **Out of Hospital Cardiac Arrest Study**. We have received assurances from NCEPOD that the difficulties encountered with the Acute Bowel Obstruction study have been resolved. The Clinical Audit team are photocopying the relevant entries from case-notes prior to distributing them to the identified clinicians to aid completion of the electronic questionnaires. An update will be provided in the next report.
- The Clinical Audit and Effectiveness Department has recently learnt that the loss of an administrative post has prevented the Podiatry Service from gathering and entering their data for the **National Audit of Diabetic Foot Care** and is providing some support to ensure participation in the audit this year. The Podiatry Service plan to incorporate the data collection tool for the audit into their routine documentation to aid participation in future rounds.
- There have been some access difficulties faced with the **Pulmonary Rehabilitation Audit** which have so far prevented data entry. An update will be provided in the next report. Data collection for this project has recently changed from time-limited to continuous and will be supported by the Clinical Audit team.

3.2 Welsh Government Assurance Process

Recently significant progress has been made in addressing a large backlog of returns that accumulated for 2018. Following the retirement of the Clinical Effectiveness and Governance Manager, the process for monitoring returns and the quality of those responses has changed.

In cases where services are provided at more than one site, the Health Board now submits responses by Unit, as opposed to taking time to amalgamate them into one response.

The expectation is that the clinical lead and management colleagues work together on the Unit response, which is then reviewed by the Interim Deputy Director with responsibility for clinical audit prior to submission. Monthly meetings regarding national mandated audits are held with the Executive Medical Director.

There is now only one set of outstanding assurance forms for 2018 - the **National Emergency Laparotomy Audit (NELA)** report. The Interim Deputy Medical Director with responsibility for clinical audit is in discussion with the lead to progress the submission. Input from Surgery is required in order to complete it.

For the 2019 audit year, returns expected and received to date are listed in Appendix 2.

3.3 National Clinical Audit and Outcome Review Advisory Committee (NCA&ORAC)

The Interim Deputy Medical Director replaces the Clinical Effectiveness and Governance Manager in representing the Health Board at these meetings and provide updates.

3.4 Audit, Improvement and Patient Safety Sessions

The Executive Medical Director has reinstated monthly half day meetings from September 2019 and will be issuing his expectations for the sessions to the Unit Medical Directors shortly.

3.5 Developments

The Clinical Audit Policy is in the process of being updated to reflect a number of changes required to address;

- Full participation in nationally mandated topics and the associated assurance forms process
- Regular review and use of data emerging from national and local audit and improvement activities
- Meeting the needs of doctors in training for evidence of participation in audit and quality improvement activities and
- Focusing planned local activities on audit, improvement and assurance priorities for the Health Board and Delivery Units

A new SharePoint site has been created by the Clinical Audit and Effectiveness team to support the changes and to aid Delivery Units in accessing their clinical audit activities and outcomes. The site will be launched and an update provided once the Clinical Audit Policy is approved and distributed.

4. Financial Implications

None.

5. Recommendation

The Quality and Safety Committee is asked to note the report.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
Participation in the National Clinical Audit and Outcomes Review Advisory Committee programme of topics and its associated assurance process provides insight into the quality, safety and patient experience for these patient cohorts, benchmarking the Health Board's performance nationally.		
Financial Implications		
None		
Legal Implications (including equality and diversity assessment)		
None		
Staffing Implications		
None		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None		
Report History	The report was previously submitted via the Clinical Outcomes Group to the Q&S Committee.	
Appendices	Appendix 1. National Clinical Audit and Outcomes Review Advisory Committee Programme 2019/20 Appendix 2. Welsh Government Assurance Forms (April 2019 onwards)	

Appendix 2. Welsh Government Assurance Forms April 2019 Onwards

Recent National Audit Publications – Welsh Government Assurance Forms Required				
Topic	Published	Responses Due		Notes
Chronic Obstructive Pulmonary Disease - Clinical Audit Report 2019 and the Chronic Obstructive Pulmonary Disease – Annual Outcomes Report 2019	May 2019	Received	B – 07/08/19	Morrison Part B received - being checked.
National Paediatric Diabetes Audit Report 2017-18: Care processes and outcomes	May 2019	Received	Received	
National Lung Cancer Audit Annual Report	May 2019	Received	Received	
National Audit of Breast Cancer in Older Patients 2019 Annual Report	May 2019	Received	Received	
National Diabetes Foot Care Audit: Fourth Annual Report	May 2019	Received	Received	
Sentinel Stroke National Audit Programme	June 2019	Received	B – 09/09/19	
National Audit of Care at the End of Life (NACEL) 2019	July 2019	A - 09/08/19	B – 04/10/19	
National Audit of Dementia	July 2019	A - 09/08/19	B – 04/10/19	Singleton Part A received – being checked.
National Audit of Cardiac Rhythm Management Devices & Ablation 2016-17 Report	July 2019	Received	B – 04/10/19	