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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	6 th December 2018		Agenda Item	5c
Report Title	Clinical Outcomes Group Report			
Report Authors	Sharon Ragbetli, Clinical Audit & Effectiveness Manager Anne Biffin, Clinical Effectiveness & Governance Manager			
Report Sponsor	Richard Evans, Executive Medical Director			
Presented by	Richard Evans, Executive Medical Director			
Freedom of Information	Open			
Purpose of the Report	To provide assurance regarding participation in the mandated list of audits and outcome databases set out by the NHS Wales National Clinical Audit and Outcome Review Advisory Committee (NCA&ORAC).			
Key Issues	<p>Participation in all audits and outcome databases relevant to the services we provide is mandatory. The new End of Life Care project had only a small number of cases (8) submitted, by the POWH Unit.</p> <p>The Clinical Outcomes Group (COG) has not met since September as clinical audit's contribution to the Health Board's assurance framework is being reviewed. Initial findings of the review will be discussed at the inaugural meeting of the Clinical Senate Council in December. The COG action log will be discussed at that meeting so it is not included with this report.</p> <p>Submitting completed Welsh Government assurance proformas within the set timescales remains a challenge. The timescales are under review as all organisations have asked for more time in order to be able to submit more comprehensive responses following wider clinical and management consultation.</p>			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	<p>Members are asked to :</p> <ul style="list-style-type: none"> • NOTE the contents of the report and that the work of the Clinical Outcomes Group will be absorbed by the newly-formed Clinical Senate. 			

REPORT OF THE CLINICAL OUTCOMES GROUP

1. INTRODUCTION

The report sets out the Health Board's current position in relation to participation in the mandated National Clinical Audit and Outcome Review Advisory Committee Programme for 2018/19, and any issues encountered. It provides an update on the progress of action points resulting from presentations to the Clinical Outcomes Group on published reports and submission of assurance proformas to Welsh Government.

2. BACKGROUND

Participation in the national audits and clinical outcome reviews as identified annually by the National Clinical Audit and Advisory Committee that are relevant to the services we provide, is mandatory.

At ABMU, participation has been monitored by the Clinical Outcomes Group (COG), which receives presentations on published reports on these topics from the identified clinical lead(s). Any areas of good practice and recommendations for local action are discussed and agreed at these bi-monthly meetings.

Since October 2016, Welsh Government has required Health Boards to complete and submit a two-part assurance proforma for each published report. Part A, identifying the national recommendations that require action locally, is required within four weeks of publication.

Part B requires more detail around the specific actions and their progress. It was felt that input from Service and Management teams would be invaluable to ensure, where possible, alignment of priorities and links with local and Health Board service delivery plans.

The assurance process is facilitated jointly by a member of the Clinical Audit and Effectiveness team and the Executive Medical Director's Department.

3. GOVERNANCE AND RISK ISSUES

Participation in these mandatory national projects allows the Health Board to benchmark its performance. Identified issues and concerns regarding participation and the associated assurance process, are escalated to the relevant Unit Medical Director(s) for action.

Those national audit and registry publications issued since the last report to the Quality and Safety Committee are detailed in Appendix 1.

3.1 Updates on individual NCA&ORC Projects

- Data collection for the **National Audit of Dementia** has now closed. A minimum of 50 discharges were required. None of the ABMU sites was able to achieve this. Clinicians reported that they struggled to complete the 18 page questionnaire for each patient within the timeframe. Final submission figures for clinical, staff and carer questionnaires will be confirmed by email in the next few weeks.
- With the exception of eight cases submitted at the POWH Unit, ABMU did not participate in the new **National Audit of Care at the End of Life (NACEL)**. Despite early notification of the audit, communication from the project lead was not made in time to put plans in place for prospective data collection in the Delivery Units. The Clinical Audit and Effectiveness team retrospectively identified the patient cohort and provided the casenotes to reviewers identified by the Unit Medical Directors but unfortunately, apart from the ones at POWH, the questionnaires could not be completed in time to meet the deadline.
- A number of changes and additions have been made to the **Chronic Obstructive Pulmonary Disease (COPD)** project. The Clinical Audit and Effectiveness team continues to support this project retrospectively, under the guidance of identified local leads. Prospective data collection is still not possible due to the resource implications for clinical and clinical audit teams as COPD patients are spread across numerous wards in each hospital.
- The data collection period has opened for the new **Adult Asthma Audit**. The Information Department are working on a real time report to identify the relevant coded episodes. The project was designed to be undertaken prospectively by clinicians. However, as was the case with the COPD Audit, lead clinicians indicated that this would not be possible within current resource without adversely affecting patient care. The Clinical Audit and Effectiveness team will run a pilot on the first cohort of Adult Asthma patients to establish what is achievable and sustainable within its current resources and will report on any shortfalls.
- The nine clinical questionnaires for the NCEPOD Pulmonary Embolism study were received week commencing 19th November and have been sent to the clinicians. POWH and Morriston Unit Medical Directors have identified colleagues to complete the organisational questionnaires linked to this study on their behalf.

3.2 Key discussion points from national audit/review presentations to the Clinical Outcomes Group (COG) meetings

No meetings have been held since September as the structure and function of the group are being reviewed as part of the review of clinical audit's contribution to the health board's assurance framework being undertaken by one of the Interim Deputy Executive Medical Directors. Decisions will be taken about how best to provide assurance that national clinical audits and outcome reviews are being used effectively will be made following the Clinical Senate Council meeting in December.

The outstanding actions from previous COG meetings will also be discussed at that meeting to gain assurance that appropriate action has been taken and identify any remaining gaps.

3.3 Welsh Government Assurance Process

Timescales are short for the return of these forms. The challenge of meeting the current 4 week and 12 week deadlines has been raised with Welsh Government by all organisations (see 3.4).

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

The Clinical Effectiveness and Governance Manager represents ABMU at the quarterly NCA&ORAC meetings. The last meeting was held on 17th September. The Medical Director of Velindre NHS Trust, Dr Jacinta Abraham, has taken of as chair of the committee. This was her first meeting as chair so the report for the NCA&ORAC considering the extent to which the national audit programme has driven improvements in healthcare services in Wales published in April was discussed again. The report makes four recommendations for health boards:

- A senior clinician is identified at Board level able to lead on clinical audit across the whole organisation
- Clinical leads for quality improvement are identified at service delivery level
- More formal links are made between clinical audit, quality improvement teams and the Integrated Medium Term Plan process
- A programme for supporting doctors in training (is developed) to ensure that the clinical audit and quality improvement activities they undertake as part of their training are aligned to health board priorities

These recommendations are being considered as part of the review of clinical audit's contribution to the health board's assurance framework. The preliminary findings of the review will be discussed at the inaugural meeting of the ABMU Clinical Senate Council on 14th December.

The timeframes associated with parts A and B of the assurance proforma process were also discussed. All health board and trust representatives present agreed that the current 4 and 12-week deadlines were not enabling organisations to consult widely with clinical and management teams so that a comprehensive response could be provided. Welsh Government representatives agreed to take these concerns to the Deputy Chief Medical Officer for consideration. No change has been made to the timescales yet.

4. FINANCIAL IMPLICATIONS

None.

5. RECOMMENDATION

Members are asked to :

- **NOTE** the contents of the report and that the work of the Clinical Outcomes Group will be absorbed by the newly-formed Clinical Senate.

Governance and Assurance							
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce		Embedding effective governance and partnerships
			✓				
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		✓	✓				
Quality, Safety and Patient Experience							
Participation in the National Clinical Audit and Outcomes Review Advisory Committee programme 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. Gaps identified through national audit and outcome databases identify areas for improvement in our services.							
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 Clinical Outcomes Group reports to each Q&S Committee meeting.						
Appendices	Appendix 1. Links to Recent National Audit and Registry Publications Appendix 2. Outstanding Welsh Government Assurance Process Forms for Publications April to date Appendix 3. Clinical Audit Newsletter						

Appendix 1. Links to Recent National Audit and Registry Publications

<p>The National Oesophago-gastric Cancer Audit Annual Report 2018 provides up-to-date information on the quality of OG cancer care provided by NHS organisations in England and Wales.</p> <p>The report indicates more patients with high-grade dysplasia (HGD) are receiving active treatment compared with five years ago. It documents the evolution of staging investigations with an increased use of PET-CT scans among patients who are candidates for curative treatment.</p> <p>The Audit is also giving us a unique opportunity to see how outcomes have changed over time. Patients' chances of surviving curative surgery have improved significantly over the last 10 years, although their risk of having a complication has not changed.</p>	<p>Sept 2018</p>
<p>The National Joint Registry 15th Annual Report highlights a record number of joint replacement procedures being performed. Established in 2002 by the Department for Health, the NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacements, to improve clinical outcomes for the benefit of patients and to drive forward quality improvements.</p>	<p>Sept 2018</p>
<p>The National Neonatal Audit Programme 2018 Annual Report indicates that around 750,000 babies are born each year in England, Scotland and Wales, and of these nearly 105,000 or around 1 in 7, will require specialist neonatal care. The National Neonatal Audit Programme (NNAP) uses routinely collected data to support quality improvement in neonatal units of all types.</p> <p>The report shows key achievements made in neonatal care for preterm babies, contains key findings and recommendations for quality improvement of neonatal care going forward.</p> <p>A number of audit measures have demonstrated progress including more very preterm babies being admitted to neonatal units with a normal temperature; and rates of magnesium sulphate administration to mothers at risk of very preterm birth significantly increasing. In addition, for the first time in 2017 the NNAP reported on new measures focused on parental partnership in care which looks at minimising separation of mother and baby and the presence of parents on consultant ward rounds.</p>	<p>Sept 2018</p>
<p>The 2018 Annual Report from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) provides findings relating to people who died by suicide or were convicted of homicide across the UK in 2006-2016. The NCISH database is a national case series of suicide, homicide and sudden unexpected death (SUD) by mental health patients over 20 years.</p> <p>Additional findings are presented on sudden unexplained deaths under mental health care in England and Wales. The assessment of risk in mental services is provided as a separate report.</p>	<p>Oct 2018</p>

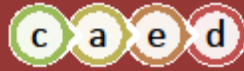
<p>The National Audit of Breast cancer in Older Patients was set up to look at whether or not older women with breast cancer have different outcomes than younger women, and if there are differences between breast cancer teams in the patterns of care delivered to older women. To do this, the audit looks at what care and treatment women receive once they have been diagnosed with breast cancer, and then compares: women aged 70 years and older with women aged between 50 and 69 years; and different English and Welsh breast cancer teams with each other.</p> <p>This year, the audit has produced information on women diagnosed with breast cancer between 1 Jan 2014 and 31 Dec 2016, using information from the National Cancer Registration and Analysis Service (NCRAS) and the Wales Cancer Network (WCN)</p>	<p>Oct 2018</p>
<p>The fifth edition of the Maternal, Newborn and Infant Clinical Outcome Review Programme includes surveillance data on women who died during or up to one year after pregnancy between 2014 and 2016 in the UK. In addition, it also includes Confidential Enquiries into the care of women who died between 2014 and 2016 in the UK and Ireland from mental health conditions, thrombosis and thromboembolism, malignancy and homicide, as well as morbidity Confidential Enquiries into the care of women with major obstetric haemorrhage.</p> <p>Surveillance information is included for 545 women who died during or up to one year after the end of pregnancy between 2014 and 2016. The care of 247 women who died and 34 with severe morbidity from major obstetric haemorrhage was reviewed in depth for the Confidential Enquiry chapters.</p>	<p>Nov 2018</p>
<p>The Report of the National Emergency Laparotomy Audit (NELA) is the fourth Patient Report of an ongoing clinical audit of adult patients having emergency bowel surgery. This 'state of the nation' report which is funded by NHS England and the Welsh Government, presents information about the care received by nearly 24,000 patients located in England and Wales who had surgery between 1 December 2016 and 30 November 2017. Six key themes cover the standards against which NELA measures delivery of care for patients undergoing emergency laparotomy.</p>	
<p>ABMU does not contribute to the Paediatric Intensive Care Audit Network Annual Report</p>	<p>Nov 2018</p>
<p>The latest National Hip Fracture Database Annual Report describes the process and outcome of care provided to 66,668 people presenting with a hip fracture in 2017 – nearly all of the patients in England, Wales and Northern Ireland. Case ascertainment is more reliable than Hospital Episode Statistics (HES) as a result of hip fracture teams' attention to collection of data about their patients, along with the financial incentive of best practice tariff (BPT) in England. Since 2016 NHFD records have been reviewed as the gold standard against which the accuracy of local patient administration systems should be measured.</p>	<p>Nov 2018</p>

Appendix 2. Outstanding Welsh Government Assurance Process Forms for Publications April to date;

Title	Report Pub	Part A Due	Part A Rec.	Part B Due	Part B Rec.	Comments
National Paediatric Diabetes Audit Report 1, Care Processes and Outcomes	12/07/2018	24/08/2018	Yes	19/10/2018	No	Outstanding for health board
Dementia Spotlight Audit on Delirium Screening	09/08/2018	Not required	N/A	01/11/2018	No	Responses outstanding from Princess of Wales and Morriston
Oesophago-gastric Cancer	13/09/2018	11/10/2018	Yes	06/12/2018	Yes	Returned to UMD for review
Mental Health CORP, National Confidential Inquiry into Suicide and Homicide Annual Report (inc. topic specific report on risk assessment in mental health settings)	19/10/2018	16/11/2018	No	01/01/2019	N/A	



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CLINICAL AUDIT & EFFECTIVENESS DEPARTMENT NEWSLETTER

Oct '18



In this issue we concentrate on the local audits undertaken in the Health Board. Just past the halfway point of the audit year, 95 local audits have been registered at the various clinical audit offices across ABMU. This compares to 94 for the same period last year.

36% of the registered audits for the year so far have been completed to date, undertaken by a wide variety of areas.



Some of the suggested actions coming out of these completed projects are listed opposite.

Good practice would see these topics re-audited by the areas once all actions are completed.

In 32% of all completed local audit projects it was reported that no further action was needed.

The Outcomes of Femtosecond Laser Assisted Cataract Surgery 2016
Start using Diclofenac 0.1% eye-drops pre-operatively for all femtosecond laser assisted cataract surgery patients

Proton Pump Inhibitor Use, Side Effects and Compliance with Guidelines
Recommendations for review of Proton Pump inhibitors to be added to discharge summaries

Computed Tomography Extravasation Rates - Morriston
Reduce flow rate where possible and re-site cannulas when needed

A Prospective Evaluation of the Incidence of Surgical Site Infection for Trauma Procedures in Morriston
Wound closure protocol

Clinical Institute Withdrawal Assessment Audit
Implement additional training for nursing staff and doctors

Follow up and Monitoring of Women Who Have Had Gestational Diabetes
Patient education re annual blood tests. Provide request form for fasting glucose at the six week postnatal check of all women who have had gestational diabetes

Re-audit of the Assessment of Patients Receiving Conscious Sedation for Dental Treatment
Design and introduce a protocol to aid clinicians when carrying out sedation assessments to ensure all necessary information is gathered

Handover Presentation
Completion of form by out-going registrar, information to oncology team, theatre receptionist present at handover, addition of resident consultant to the form

Pre-operative Fasting Times for Scheduled Trauma Patients - Closing Loop Audit
Fasting times recommended separately for solids and liquids in addition to the introduction of Trauma team of the week

Viewing of Microbiology Requests for Patients under Vascular Tests
Consultant of the week to reinforce need for junior staff to review and act upon inpatient microbiology results

Safeguarding Children: Is the Community Drug and Alcohol Team working within National Guidance?
Safeguarding assessment implemented on to checklist completed on PARIS



For more information or to register an audit project, please contact the Clinical Audit & Effectiveness Manager,
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