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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	19th February 2019	Agenda Item	6.6
Report Title	Clinical Senate Council Report		
Report Authors	Sharon Rağbetli, Clinical Audit & Effectiveness Manager Aidan Byrne, Interim Deputy Medical Director		
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 any presentations received.		
Key Issues	<p>Participation in all mandated audits and outcome databases relevant to the services we provide is required.</p> <p>Reports to the Quality and Safety Committee on progress and issues with national audits and resulting action plans were previously submitted by the Clinical Outcomes Group.</p> <p>Completed Welsh Government assurance proformas are required within tight deadlines for each published report. Progress is indicated within the report.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the contents of the report. 		

REPORT OF THE CLINICAL SENATE COUNCIL

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 the newly formed Clinical Senate Council that replaces the Clinical Outcomes Group.

2. BACKGROUND

The Health Board is required to participate in the national audits, registries and clinical outcome reviews that are relevant to the services we provide and identified annually by the National Clinical Audit and Advisory Committee.

Until December 2018, participation at ABMU, outcomes and actions required had been monitored by the Clinical Outcomes Group (COG). This group has been replaced by the newly formed Clinical Senate Council.

Following publication of these national audit reports, Welsh Government requires Health Boards to complete and submit a two-part assurance proforma. 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. At ABMU input from Service and Management teams is encouraged to ensure, where possible, alignment of priorities and links with local and Health Board service delivery plans.

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

3. GOVERNANCE AND RISK ISSUES

The Health Board recognises the value in participation in these mandatory national projects which provides opportunities to benchmark performance and learn from good practice.

Identified issues and concerns regarding participation and the associated assurance process, are escalated to the relevant Unit Medical Director(s) for action.

Outlines and links to the national audit and registry publications issued since the last report to the Quality and Safety Committee in December 2018, are detailed in Appendix 1.

The latest publication schedule provided by the National Clinical Audit and Outcomes Review Advisory Committee is attached as Appendix 2.

3.1 Updates on individual NCA&ORC Projects

- The Clinical Lead for the **Chronic Obstructive Pulmonary Disease (COPD)** project at Morriston has expressed concerns regarding the impact of coding backlogs on the availability of cases for submission within tight cohort deadlines. The project was designed to be undertaken real time by clinicians on the wards. This was not possible at any of the ABMU sites, hence the Clinical Audit and Effectiveness team supports the project retrospectively via coding information. The impact of coding completeness will be monitored and an update provided in the next report.
- The new **Adult Asthma Audit** is underway. This too was designed for prospective data collection and is being supported retrospectively by the Clinical Audit and Effectiveness team. The deadline for the first patient cohort is May 2019. Progress will be monitored and an update will be provided in the next report.
- The deadline for the Clinical Outcomes Review Programme **Pulmonary Embolism** Study has now passed. All required photocopies of notes, organisational and clinical questionnaires have been submitted.
- Significant additional work has been undertaken in recent weeks in support of the review of cases submitted to the **Fractured Neck of Femur Database** at both Morriston and Princess of Wales Hospitals (PoWH).
- The Clinical Audit and Effectiveness team were recently asked to help out with a backlog of Neath Port Talbot cases for the **National Joint Registry** spanning a number of years. These are currently being worked through and support has been put in place for data entry of future cases.
- The Clinical Outcomes Review Programme study into **Acute Bowel Obstruction** is underway. The study is piloting electronic completion of questionnaires.
- The submission deadline for the **National Emergency Laparotomy Audit (NELA)** 2018 patients is 5th February. The Clinical Audit and Effectiveness team are supporting clinicians at PoWH and Morriston in accessing outstanding information prior to the deadline. An update on the final submission figures will be provided in the next report.
- Morriston has been identified as a potential pilot site for the **Trauma Audit and Research Network (TARN)** preferred injury inclusion criteria project. The Inclusion Criteria Working Group will finalise details shortly but early indications are that they propose the altered criteria should double-run for a period of 1-2 months. ABMU's TARN Audit Assistant sits on the group, in addition to the Data Collection Requirements Group and the TARN Audit Committee. Further information will be shared in the next report.
- We have received information that the **Inflammatory Bowel Disease (IBD) Registry** will not be included within the mandatory list of projects for 2019/20.

3.2 Actions Resulting from National Audits

Previously the Clinical Outcomes Group would receive presentations from clinical leads on the published results of mandated national audits/registries and would agree actions as required.

At the inaugural Clinical Senate Council meeting, the Executive Medical Director requested that all outstanding actions be closed off and updates provided. An update will be provided for the next report following a return to full staffing levels within the Medical Director's Department.

In the future the results of clinical audits will be reported formally through the Quality and Safety Committee with a completed project plan if performance has been found to be significantly below the required standard. In cases where significant risk is identified, the audit will also be reported to the Clinical Senate to ensure that there is senior clinical support for the project plan.

3.3 Welsh Government Assurance Process

Timescales for the completion of the two-part forms are challenging. Part A is required by Welsh Government no later than four weeks post publication of the report and Part B, within a further eight weeks.

Progress against recent publications is illustrated in Appendix 3.

Clarification is required in terms of who should be responsible for completion of forms for the Clinical Outcomes Review Programme Perioperative Diabetes report.

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

Currently the Clinical Effectiveness and Governance Manager represents ABMU at the quarterly NCA&ORAC meetings. The next meeting is scheduled for 15th March.

The meeting will consider the current membership to ensure that the people in attendance are able to progress the aims of the Committee.

3.5 Quality, Safety and Governance Sessions

The reduction in audit days from monthly to bi-monthly appears to have impacted negatively on both consultant morale/engagement without producing a measurable increase in productivity.

It is our intention to return to monthly meetings. However, the focus of these meetings is to be much more on departmental performance with an increased representation from management and where possible, multidisciplinary presence. At least initially, these meetings will be for a half day only.

Due to the need to book rooms and change theatre/outpatient bookings, it is likely that this change will take several months to complete.

4. FINANCIAL IMPLICATIONS

None.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the contents of the report.

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 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 to each Q&S meeting by the Clinical Outcomes Group. The Clinical Senate Council will now report to each Q&S meeting.						
Appendices	Appendix 1. Recent National Audit and Registry Publications Appendix 2. National Clinical Audit & Outcomes Review Advisory Committee Publication Schedule Appendix 3. Outstanding Welsh Government Assurance Process Forms for Publications April 2018 to date						

Appendix 1. Recent National Audit and Registry Publications

[Medical & Surgical Review Programme: Acute Heart Failure Report 2018](#)

In England and Wales there is an almost five-fold variation in inpatient mortality due to heart failure between acute hospitals (lowest 6%, highest 26%).

The National Heart Failure Audit which includes 80% of patients admitted to hospital with acute heart failure has shown that care delivered in a specialist cardiology ward is associated with a 40% reduction in mortality, but that the proportion of patients transferred to cardiology varies.

[National Cardiac Audit Programme \(NCAP\) Annual Report 2018](#)

This report by NCAP is the first to report on six major national clinical audits of care of patients treated in the UK for heart disease; Congenital audit, Heart Attack audit, Angioplasty audit, Adult Surgery audit, Heart Failure audit and Arrhythmia audit.

[National Vascular Registry \(NVR\); Annual Report 2018](#)

Being a procedure-based clinical audit, the NVR is designed to evaluate primarily the outcomes of care, with the aim of supporting vascular specialists to reduce the risk associated with the procedure. Short-term survival after surgery is the principal outcome measure for all vascular procedures, but the report also provides information of other outcomes, such as the types of complications that occur after individual procedures.

[Fracture Liaison Service Database \(FLS-DB\) Annual Report 2018](#)

The FLS-DB is the only national secondary fracture prevention patient level audit in the world. From our first annual report in 2016, we developed 11 KPIs critical for an FLS to be effective and highlighted variation in each of them, particularly in identification and monitoring. These were derived from NICE technology appraisals and guidance on osteoporosis and falls, and the NOS clinical standards for FLSs and quality standards for osteoporosis and prevention of fragility fractures.

[National Bowel Cancer Audit Annual Report 2018](#)

The report details data on over 30,000 patients diagnosed with bowel cancer between 01 April 2016 and 31 March 2017.

This year's audit report describes some ongoing improvements such as mortality rates following both elective and emergency surgery falling over the past five years and increased numbers of operations being performed laparoscopically.

[Medical and Surgical Clinical Outcome Review Programme: Perioperative Diabetes Report 2018](#)

Assessment of service structure at an organisational level and patient care at a clinical level.

Recommendations are formed from data provided by clinicians at the hospital caring for patients and from external peer review of a sample of cases.

[Medical and Surgical Review Programme: Cancer in Children, Teens and Young Adults Report](#)

Cancer outcomes in children and young people have improved dramatically over the last few decades with over 80% of those diagnosed now being cured of their disease. Of those who die, approximately half will do so from treatment related complications many of which are avoidable.

This report deliberately focuses on a sample of patients who were a high-risk group who died or who had an unexpected admission to intensive care. The rationale being that this is where care-planning, service provision and communication should excel. Any remediable factors in care for this group would benefit all children, teenagers and young adults receiving SACT.

[National Diabetes Transition Audit 2011-2017](#)

This report examines care provision during the period when young people with Type 1 diabetes move from paediatric to adult-based clinical care in England and Wales.

The findings of the report point to deterioration in annual care process completion, achievement of treatment targets and higher rates of diabetic ketoacidosis (DKA) when young people transition from paediatric to adult services, with considerable local service variation.

The report sets out recommendations for local specialist services, clinical commissioning groups and health boards.

[National Clinical Audit of Seizures and Epilepsies for Children and Young People 2018 \(Epilepsy 12\)](#)

The National Clinical Audit of Seizures and Epilepsies in Children and Young People, also known as Epilepsy12, shows incremental improvements in some areas of paediatric epilepsy service provision alongside a considerable need for improvement in others.

The results detailed in the report reflect data submitted to the organisational audit by 148 Health Boards and Trusts with a paediatric epilepsy service across England and Wales.

It includes the first 'yearly snapshot' of the organisation of paediatric epilepsy services for children and young people in England and Wales as well a case study of how paediatric epilepsy services have used their Epilepsy12 results to identify and undertake local quality improvement activities.

Appendix 2. National Clinical Audit & Outcomes Review Advisory Committee Publication Schedule

Audit/CORP title	Name of publication	Planned Publication Date (subject to change)
National Lung Cancer Audit	Lung Cancer Clinical Publication (LCCOP) Report	Thu 14/02/2019
Prostate Cancer	Annual Report 2018	Thu 14/02/2019
National Lung Cancer Audit	Annual Report 2018	Mon 01/04/2019
Learning Disability Mortality Review Programme	Annual Report	Thu 09/05/2019
National Paediatric Diabetes Audit Report	Annual Report 2019	Thu 13/06/2019
Anxiety and Depression	Annual Report 2018	TBC
Medical and Surgical Clinical Outcome Review Programme	Themes and recommendations common to all hospital specialities	TBC
National Ophthalmology Database Audit	AMD – Feasibility Report	TBC
National Ophthalmology Database Audit	Glaucoma – Feasibility Report	TBC
National Ophthalmology Database Audit	Retinal Detachment – Feasibility Report	TBC
National Maternity and Perinatal Audit	2018 Clinical Audit Report	TBC
Specialist Rehabilitation for Patients with Complex Needs	Final Report (exact title TBC)	TBC
Sentinel Stroke (SSNAP)	SSNAP Quarterly Report (April-June 2018)	TBC

Appendix 3. Outstanding Welsh Government Assurance Process Forms for Publications April 2018 to date;						
Title	Report Pub	Part A Due	Part A Rec.	Part B Due	Part B Rec.	Comments
COPD - Primary Care Report (WALES ONLY)	14/12/2017	06/02/2018	Yes	03/04/2018	Yes	With Medical Director's Dept for checks
National Paediatric Diabetes Audit Report 1, Care Processes and Outcomes	12/07/2018	24/08/2018	Yes	19/10/2018	Yes	With Medical Director's Dept for checks
Dementia Spotlight Audit on Delirium Screening	09/08/2018	Not required	N/A	01/11/2018	No	Response outstanding from Princess of Wales
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	No	Outstanding for health board
Mental Health CORP, National Confidential Inquiry into Suicide and Homicide Annual Report	09/10/2018	06/11/2018	No	01/01/2019	No	Outstanding for health board
Saving Lives, Improving Mothers' Care 2014-2016: Maternal Mortality surveillance and Maternal confidential enquiry (delivered by MBRRACE)	01/11/2018	29/11/2018	Yes	24/01/2019	Yes	With Medical Director's Dept for checks
National Emergency Laparotomy Audit (NELA) annual report	08/11/2018	06/12/2018	No	31/01/2019	No	Response outstanding from Morriston
Hip Fracture Database (FFFAP)	15/11/2018	24/12/2018	Yes	18/02/2019	N/A	

Title	Report Pub	Part A Due	Part A Rec.	Part B Due	Part B Rec.	Comments
National Vascular Registry (NVR)	28/11/2018	26/12/2018	Yes	20/02/2019	N/A	
Fracture liaison service database (FFFAP)	30/11/2018	28/12/2018	No	22/02/2019	N/A	Outstanding for health board
CORP - Acute Heart Failure - Failure to Function	22/11/2018	09/01/2019	No	06/03/2019	N/A	Response outstanding from Singleton
National Cardiac Audit Programme annual report	22/11/2018	09/01/2019	No	06/03/2019	N/A	Outstanding for health board
Bowel Cancer 2018	13/12/2018	10/01/2019	Yes	07/03/2019	N/A	
CORP - Perioperative Diabetes	13/12/2018	10/01/2019	No	07/03/2019	N/A	Outstanding for health board
Neonatal Sprint Audit Report	10/01/2019	07/02/2019	N/A	04/04/2019	N/A	
Clinical Audit Report and Maternal Intensive Care Sprint Audit Report	10/01/2019	07/02/2019	N/A	04/04/2019	N/A	
National Diabetes Audit - Transition Report	10/01/2019	07/02/2019	N/A	04/04/2019	N/A	
Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People (2018)	10/01/2019	15/02/2019	N/A	12/04/2019	N/A	