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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 August 2021	Agenda Item	4.5
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	<p>To provide assurance regarding participation in the Welsh Government mandated list of audit and registry topics relevant to the services SBUHB provides, summarising issues and exceptions.</p> <p>To provide an introduction to the new Clinical Audit & Effectiveness Policy due to be approved at the Clinical Outcomes and Effectiveness Group meeting on 13th August 2021.</p>		
Key Issues	Alongside the mandated programme of topics is and associated two stage assurance process following the publication of national reports. This process was temporarily paused during the worst of the pandemic and has recently restarted.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the contents of the report. 		

Clinical Audit and Effectiveness Report

1. Introduction

This report aims to provide an overview of the Health Board's position in relation to participation in the Welsh Government list of mandated audit and outcome registry topics and the associated two stage assurance process following publication of results.

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. Under normal circumstances the list which includes the Clinical Outcome Review Programme (formerly NCEPOD) studies collecting data during the period, is refreshed annually. A refreshed list is expected soon. (Appendix 1.)

On publication of results, Welsh Government requires that Health Boards and Trusts complete and submit a two-stage assurance proforma. 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.

The Clinical Audit and Effectiveness Department (CAED) supports a small number of the mandated topics, with other topics resourced outside of the central team. During the pandemic, the CAED were able to continue to facilitate the areas under their remit, largely due to their offices being situated within or near to the Health Record libraries.

A temporary pause on the WG assurance process during the worst of the pandemic was lifted at the end of May 2021.

3. Governance and Risk Issues

Participation in mandated projects and the associated Welsh Government assurance process is monitored by the Clinical Outcomes and Effectiveness Group (COEG) that reports to the Quality and Safety Governance Group.

In a previous paper we reported that we were unable to adequately determine whether audit processes were required for Patient Safety Notices or whether adherence to quality standards was assured. COEG now provides a forum to ensure the effective dissemination, review and discussion of information from several areas, including those listed above.

In addition, COEG has taken on the role of quality checking WG assurance questionnaire responses and the assurance mechanisms in place for all mandated audit and registry topics, providing a forum for the receipt of presentations for any areas without strong governance arrangements in place.

a. Updates on individual NCA&ORC Projects

- The **National Emergency Laparotomy Audit (NELA)** now has a Task Force meeting on a regular basis to review results and refine individual case feedback processes.
- The deadline for submission of responses to questionnaires on the **Physical Healthcare in Mental Health Hospitals** study is 20th August 2021. All photocopies have been sent. Questionnaires are now completed electronically. There is one remaining submission which is currently 69% complete whilst additional volumes of case-notes have been requested.
- Work is underway on the photocopying required for the **Epilepsy: Hospital Attendance** study. Six questionnaires have been issued with a deadline of 17th September 2021 for completion and submission.
- The request for a coding information spreadsheet for an upcoming study on **Transition from Child to Adult Health Services** has been forwarded to IT colleagues for completion.

3.2 Welsh Government Assurance Process

Following the recent restart there are a small number of topics with overdue returns;

- The **Out of Hospital Cardiac Arrest Study** response has been completed from an ITU point of view and is now with cardiac colleagues for their input.
- A change in a management role for the **National Hip Fracture Database** has delayed the complete response. The Service Delivery Group Medical Director is aware.
- The **Mental Health CORP Annual Report** response will be submitted as one piece of work to meet the Part B deadline of 2nd September with a view to being reviewed at the COEG meeting scheduled for 10th September.
- The **Fracture Liaison Database 2020 Annual Report** will be submitted as one piece of work to meet the Part B deadline of 2nd September with a view to being reviewed at the COEG meeting scheduled for 10th September.

3.3 Presentations to the Clinical Outcomes & Effectiveness Group (COEG)

The group were recently asked by the Executive Medical Director to add Infection Prevention Control (IPC) and Antimicrobial Stewardship to their terms of reference with a view to discussing the outcomes and effectiveness of actions taken within Delivery Groups to improve IPC and enhance antimicrobial stewardship. To this end, three presentations were received at the recent COEG meeting;

- **Infection, Prevention and Control**, Delyth Davies, Head of IP&C and Joanne Walters, Matron, Quality Improvement IP&C
- **Antimicrobial Stewardship**, Julie Harris, Consultant Antimicrobial Pharmacist
- **Controlled Drugs**, Rhys Howell, Pharmaceutical Advisor

Actions resulting from the presentations included;

- the Service Delivery Group Medical Directors tasked with making assessments in their own areas against the actions listed within the slides and reporting back to the next meeting with an update
- COEG Chair to meet with infection prevention control and antimicrobial stewardship pharmacist colleagues to formulate a framework mirroring the successful approach taken with Controlled Drugs and
- update from the Pharmaceutical Advisor on the Controlled Drugs Framework following the first round of reviews

An additional focus presentation on the **Hospital Acquired Thrombosis** Audit by Jayne Morgan, Anticoagulation Department Manager will now be a recurring agenda item on a quarterly basis. Through discussion it was agreed that there was a need for medical staff to assess and prescribe as soon as possible.

Actions resulting from the presentation included;

- the need for the existing assessment form to be revised by the Anticoagulation Manager to prompt and underline the required tasks

3.4 Clinical Audit & Effectiveness Policy

The Clinical Audit & Effectiveness Policy (Appendix 2.) will be approved at the COEG meeting on 13th August. It outlines the Executive Medical Directors hierarchy of audit that accommodates;

- 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 Groups

4. Financial Implications

None.

5. Recommendation

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

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<i>(please choose)</i>	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 Welsh Government mandated list 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. Clinical Audit & Effectiveness Policy	