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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	Quality & Safety Committee 25 th August 2020	Agenda Item	4.4
Report Title	Clinical Audit and Effectiveness Update		
Report Author	Sharon Rağbetli, Clinical Audit & Effectiveness Manager		
Report Sponsor	Dr Richard Evans, Executive Medical Director		
Presented by	Dr Richard Evans, Executive Medical Director		
Freedom of Information	Open		
Purpose of the Report	<p>To summarise activity for the 2019/20 audit year, the current status for 20/21 and to 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), highlighting any issues and exceptions.</p> <p>Provide an overview of improvements made to processes by the Clinical Audit and Effectiveness Department and the level of locally initiated projects.</p>		
Key Issues	<p>Participation in the national programme of audit and outcome registries is mandatory for the services provided by the Health Board. Progress and issues are highlighted.</p> <p>Welsh Government requires a response to assurance forms issued following publication of a national audit/registry. Improvements have been made to the Health Board process and progress is highlighted within the report.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to NOTE the contents of the report.		

Clinical Audit and Effectiveness Report for the Quality and Safety Committee

1. Introduction

The report aims to provide an overview of activity for the 2019/20 and current 2020/21 audit year, in relation to the Health Board's participation in the mandated National Clinical Audit and Outcome Review Advisory Committee Programme and the associated Welsh Government Assurance process.

An overview of the level of local audit and improvement activities is also provided.

2. Background

Under normal circumstances, all Welsh Health Boards are required to participate in the mandated national audits/registries and clinical outcome reviews that are relevant to the services that they provide. These lists are refreshed and published annually by the National Clinical Audit and Advisory Committee and includes the programme of Clinical Outcome Reviews, formerly known as NCEPOD Studies.

Welsh Government issues two-part assurance proformas to Health Boards following the publication of any topic included on a 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. This process is facilitated by the Clinical Audit and Effectiveness team and had been monitored by members of the Executive Medical Director's Department.

The list published for the 2019/20 period is attached as Appendix 1. There is currently no official programme for 2020/21.

In March 2020, Welsh Government, in conjunction with HQiP and NHS England, agreed to allow suspension of data capture within the national clinical audit programme if required to provide Health Boards the space to ensure all necessary support could be funnelled into addressing COVID-19.

The Welsh Government Clinical Audit Team recently confirmed that the official position remains that Health Boards are strongly encouraged to undertake audit in all possible areas. There is an expectation that a shift towards a more mandated position will come soon.

3. Governance and Risk Issues

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

The newly formed Clinical Outcomes and Effectiveness Group (Appendix 2) will now take on this role. Meeting monthly from September 2020, with the Interim Deputy Medical Director as Chair, the purpose of COEG is to;

- Provide assurance to the Quality and Safety Committee, via the Quality and Safety Governance Group, that there are appropriate systems in place for the development and monitoring of policy and standards relating to:
 - National and Local Clinical Audits
 - Mortality Reviews
 - NICE Guidance (as it applies in Wales)
 - Health Technology Wales (HTW) reports
- The committee will identify, manage and escalate risks to the Quality and Safety Committee via the Quality and Safety Governance Group, as identified.

The membership will include all Unit Medical Directors, and most Associate Medical Directors, Clinical Audit and Effectiveness Manager (Executive Medical Directorate), Head of Quality & Safety (Nursing Directorate), Director of Public Health, Clinical Director of Pharmacy, Assistant Director of Therapies & Health Sciences and Head of Information Services.

Updates and outcomes from these meetings will be covered in future reports.

3.1 Welsh Government Assurance for NCA&ORC Projects

The process for monitoring returns and the quality of these 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.

Moving forward, the newly formed COEG will link with areas to ensure that where required, they set out improvement actions and identify them in their Unit IMTP process to address any gaps highlighted.

For the 2019/20 period, 31 assurance proformas were issued on published reports (Appendix 3). To date, 97% of Part A forms have been submitted to Welsh Government, with 1 form outstanding;

- The **Falls and Fragility Audit** site level data for Singleton Unit was delayed in being issued and therefore an extension to the deadline has been agreed.

87% of Part B forms have been submitted, with forms outstanding for;

- **Falls and Fragility Fracture Audit** for Singleton Unit, as noted above.
- **Oesophago-gastric Cancer**
- **Falls and Fragility Fracture Audit Fracture Liaison Service Database Report**
- The **National Hip fracture Database** report is currently with the Interim Deputy Medical Director for quality checks prior to submission.

Publication of national reports paused March 2020 and recommenced mid July.

3.2 Updates on individual NCA&ORC Projects

In recent months a number of projects specifically related to the COVID-19 pandemic have been mandated. Updates on these projects will be provided in future reports as data becomes available.

Despite Welsh Government allowing the suspension of data collection for national audits, with the exception of the National Joint Registry at Neath, the Clinical Audit and Effectiveness team were able to maintain support for those continuous data collection topics that they have responsibility for; National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme, National Hip Fracture Database, Trauma Audit Research Network and National Emergency Laparotomy Audit.

The department has not been made aware of any national audits outside of their remit, suspending data collection.

- The Health Board was very recently commended by the Royal College of Physicians for being amongst those organisations with the highest case ascertainment rates during the 2018/2019 period for the **National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme**, which is facilitated by the Clinical Audit and Effectiveness team.

The dataset for cases from 1st April 2020 to date in the **Adult Asthma** project has been reviewed and approval is being sought to adjust data collection to align with the NHSEI urgent and emergency care project.

- A significant backlog of forms at Neath Port Talbot for the **National Joint Registry** has been cleared by the Clinical Audit and Effectiveness team, who will support the project prospectively for the Unit moving forward when activity resumes.
- The team has been working closely with the Clinical Lead for the **National Emergency Laparotomy Audit** (NELA) to develop a rapid feedback system on individual cases. Utilising a new SharePoint site, they have created consultant level data in addition to an overview of all cases and their outcomes.

The dataset for NELA has been altered to accommodate additional fields regarding COVID-19. In addition, the audit team are now following up NELA patients admitted during the pandemic with a reduced length of stay, to monitor returns to the Emergency Department and readmissions at 30, 60, 90 and 120 days.

- Morriston was a pilot site for the **Trauma Audit and Research Network** (TARN) preferred injury inclusion criteria project, requiring additional cases to be entered for the period late May – July 2019. As yet, only preliminary reports have been received due to the pandemic. An update will be provided on receipt of the final report.

Preparations continue for the data collection required for the South Wales Major Trauma Network, in readiness for the go live date for Morriston as a Trauma Unit Plus (including specialist services e.g. Burns and Plastics) on September 14th 2020.

The TARN dataset has also been amended to include COVID-19 information.

- Following some initial difficulties which prevented data entry, all identified records were submitted in time for the deadline for the **Pulmonary Rehabilitation Audit**.
- In addition to facilitating daily data collection and entry for the **National Hip Fracture Database**, the team now supports the overarching group at the Morriston Unit with weekly data and any additional requirements indicated following review of information at their regular meetings.

As with other national audit programmes, the dataset has been expanded to include information regarding COVID-19.

- Data collection for the third round of the **National Audit of Care at the End of Life** (NACEL), inclusive of the Mental Health Spotlight Audit, was cancelled due to the pandemic and will now be completed in 2021.

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

The group previously in place on behalf of Welsh Government to link in with Health Boards regarding nationally mandated topics, has now disbanded. The intention was to communicate the reports on published topics from project leads via a regular newsletter (Appendix 4). This is temporarily on hold.

3.4 Audit, Improvement and Patient Safety Sessions

The Executive Medical Director reinstated monthly half day meetings from September 2019. The finalised dates were aligned with those organised at Cwm Taf Morgannwg UHB.

Although a number of dates were subsequently affected by the impact of COVID-19, the Clinical Governance sessions were restarted in all Delivery Units in July.

3.5 Developments

The Clinical Audit and Effectiveness team has recently created a new SharePoint site to aid Delivery Units in logging and accessing information on their clinical audit and improvement activities and outcomes. The site enables electronic registration of projects by individuals, which lead consultants/senior managers must review and authorise.

The registration form has been adapted to allow for quality improvement activities, as previously there was no repository for these projects.

On completion, the individual is required to upload their PowerPoint presentation/report, alongside their summary of outcomes and key learning points. This information is then reviewed by the original authorising consultant/manager, to approve release of a certificate of completion and to indicate whether or not they would like the project to be shortlisted to represent their area in any future virtual exhibitions.

The new site houses information and links to education and resources for audit and improvement, mortality reviews data and a specific NELA sub site. It also includes a section for use by Units in identifying their improvement priorities, to be tapped into by doctors in training in order to meet their education programme requirements.

Registration of topics and outcomes via the system is now live and the consultant level data for the NELA elements of the site is being tested and rolled out.

Wider communication and launch of the site will commence shortly.

3.6 Locally Initiated Projects

Each year the Clinical Audit and Effectiveness team maintains a register of locally initiated projects on behalf of the Units. Although support for mandated national projects is prioritised by the team, some of these local projects are supported if workload allows. The vast majority of these projects only access support for the retrieval of case-notes.

For the 2019/20 audit year a total of 168 projects were authorised by consultants/senior managers and subsequently registered with the team, a continuation of a decline in numbers in recent years (Appendix 5). To date, only 32% of these projects have been reported as complete.

For the current audit period which began 1st April 2020, a total of 77 projects have been logged, 6 of which are pending authorisation by identified leads via the new electronic system.

To date, 7 completion summaries and presentations have been uploaded, with 4 pending approval by the original authorising consultant/senior manager. 1 project has been nominated for inclusion in a virtual exhibition.

Future reports will include updates on this local activity.

4. Financial Implications

None.

5. Recommendation

The 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 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	In previous years the report was submitted via the Clinical Outcomes Group and Clinical Senate to the Q&S Committee.
Appendices	<p>Appendix 1 National Clinical Audit and Outcomes Review Advisory Committee Programme 2019/20</p> <p>Appendix 2. Terms of Reference Clinical Outcomes and Effectiveness Group</p> <p>Appendix 3. Compliance with Welsh Government Assurance Proformas</p> <p>Appendix 4 National Clinical Audit and Outcome Review Newsletter</p> <p>Appendix 5. Overview of locally registered audit activity and outcomes</p>