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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15 September 2022	Agenda Item	5.1
Report Title	Clinical Outcomes and Effectiveness Group Mid-Year Report		
Report Author	Sharon Rağbetli, Clinical Audit & Effectiveness Manager		
Report Sponsor	Richard Evans, Executive Medical Director/Deputy CEO		
Presented by	Richard Evans, Executive Medical Director/Deputy CEO		
Freedom of Information	Open		
Purpose of the Report	To provide an update for the period 1 st April – 30 th June 2022 on the remit of the Clinical Outcomes and Effectiveness Group that includes monitoring progress with the newly introduced audit and improvement hierarchy, in addition to monitoring key national guidance e.g. NICE.		
Key Issues	A successful bid to receive a two-year licence free period for use of the Audit Management and Tracking (AMaT) system is supporting numerous improvements in the approach towards monitoring the previously outlined audit and improvement hierarchy and key national guidance.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: Note the report.		

CLINICAL OUTCOMES AND EFFECTIVENESS MID-YEAR REPORT

1. INTRODUCTION

This report offers an update on progress with national audits, health board identified audit/improvement priorities, the findings of assessments of key national guidance received at Clinical Outcomes and Effectiveness Group (COEG) meetings and a summary of themes generated by mortality reviews and the Medical Examiners system for the period April to June 2022.

2. BACKGROUND

The Executive Medical Director/Deputy Chief Executive set out his vision for a hierarchy of audit/improvement activities in September 2021. This was previously described in a paper to the Committee in May 2022.

The need for the revised approach, particularly in reference to locally initiated audits, was substantiated by the recently completed Bi-Annual Clinical Audit and Effectiveness Report, shared with the Committee in another paper. In recent years, large numbers of projects were authorised by Audit Leads, with the highest level of reported completion for ad-hoc topics standing at 45% in 2017/18 and 2018/19. These levels were only achieved with significant input from the Clinical Audit and Effectiveness team in chasing up outcomes and actions.

Service Delivery Groups and Departments were tasked with identifying necessary topics not covered by the mandated nationals or health board priorities, to form their forward plans for the audit year commencing April 2022.

In addition to supporting the monitoring of key national guidance, the Audit Management and Tracking system (AMaT) recently secured cost free for a two-year period will support Service Delivery Groups and departments with improved monitoring and reporting on progress of the various levels of activity and any resulting action plans.

A revised list of Welsh Government mandated audit and improvement topics was issued in June 2022. Whilst the programme of National Confidential Enquiry into Patient Outcome and Death (NCEPOD) time-limited topics have been updated, there was only one other change to the remainder of the list; Gastrointestinal Cancer Audit Programme (GICAP) (Appendix 1.)

3. GOVERNANCE AND RISK ISSUES

3.1 Mandated Nationals

Participation is monitored by COEG and completion and submission of two-stage Welsh Government assurance forms offers insight into actions taken locally to meet national recommendations resulting from publication of results. Since 1st April 2022, 9 responses have been received for consideration; 3 have been returned for further detail/clarification prior to submission to Welsh Government.

Following retirement of the previous Audit Lead, an assurance proforma response remains outstanding for the National Oesophago-Gastric Cancer Audit. Discussions continue to identify a replacement.

A replacement Audit Lead has now been confirmed for the National Emergency Laparotomy Audit (NELA).

The newly added Gastrointestinal Cancer Audit Programme (GICAP) will require discussion at the September COEG meeting to identify a potential Audit Lead.

For the report period, 3 NCEPOD Studies have been active (Table 1.);

Topic	Status	Completion to date
Epilepsy	Closed	100%
Transition from Child to Adult Health Services	Open	92%
Crohn's Disease	Open	87.5%

Table 1.

Any issues regarding compliance with participation in mandated topics or receipt of assurance proformas are escalated at COEG meetings to the relevant Service Delivery Group Medical Directors for action.

3.2 Health Board Priority Topics

Consent to Treatment, Care in the Last Days of Life, DNACPR, WHO Surgical Checklist, Antimicrobial Stewardship and the Use of Chaperones were identified as health board priority audit and improvement topics by the Executive Medical Director/Deputy CEO.

Each live topic has been launched via bulletins on the intranet pages, with a number also featuring in the SBUHB Bulletin that reaches all email inboxes. Status and progress with each of these topics is illustrated in Table 2 overleaf.;

	Status	Cases	Individuals
DNACPR	Live 22/07/22	116	5
Consent to Treatment	Live 15/07/22	48	2
Care in the Last Days of Life	Live 22/07/22	8	3
Antimicrobial Stewardship	Live 08/08/22	0	0
WHO Surgical Checklist*	Q4	-	-
Use of Chaperones - Facilities	Live 22/07/22	Targeted areas only	

Table 2.

Use of Chaperones – Facilities, has been disseminated via the Directors of Nursing and Therapies to their relevant areas for completion. The questionnaire has been through Welsh translation and data collection is supported by the CIVICA system and the Patient Experience team. Responses will inform revision of the Policy by the Safeguarding Committee prior to additional work being undertaken at a later date to establish and raise awareness of, best practice.

Signposting doctors in training to the list of HB Priorities has been aided by an introduction to the hierarchies and priorities at induction via a video by Welsh Clinical Leadership Training Fellow and General Surgery Registrar, Kellie Bateman. They are offered an opportunity to participate at three levels, building up from basic data collection and submission of case via the AMaT system to data collection, analysis and presentation of 30 cases. In addition, there is the potential for them to complete a full QI cycle for Antimicrobial Stewardship. All participants receive a certificate reflecting their level of input for their portfolios.

To date, 7 individuals have tapped into one or more of these priority topics to support their training needs.

3.3 Service Delivery Group and Department Plans

Planned topics were shared with the Committee in May 2022. Progress for Quarters 1 and 2 is listed below (Table 3.);

Completed Topics by Quarter/Level	Service Delivery Group		Departments	
	Q1	Q2	Q1	Q2
Mental Health & Learning Disabilities	0	0	0	0
Morrison	0	0	1	0
Neath Port Talbot & Singleton	0	0	4	2
Primary and Community Care	0	0	0	0
Totals	0	0	5	2

Table 3.

There are an additional 12 topics in the process of being presented/signed off. Of those, 5 are Service Delivery Group level.

Currently, only the Wales Fertility Institute has exhausted all planned topics; 5 were completed and signed off, while an additional 2 were abandoned due to the identified students being unable to complete them.

The Service Delivery Groups employ different approaches towards monitoring progress against plans; Mental Health and Learning Disabilities have a long standing sub-group that regularly reviews all activities and can authorise any necessary additional topics, in addition to monthly meetings with the Audit team.

Morrison has established quarterly meetings with Audit Leads, the SDG Medical Director and the Audit team to review progress of plans and key points/actions.

Primary and Community Care are in the process of confirming Audit Leads for all areas to support improved monitoring of the plans.

Singleton and Neath Port Talbot have been contacted for clarification on how they monitor/intend to monitor progress with plans and review outcomes.

In the short term, while the methods for monitoring the plans and outcomes within the Service Delivery Groups are established and mature, the Clinical Audit and Effectiveness team have contacted all projects leads for updates on any projects listed as ending by July 2022. While a small number have been completed (Table 3.), the vast majority of reduced numbers in the first two quarters are as a result of end dates being shifted. Table 4. illustrates by quarter and area where planned projects have reduced (green) and increased (red);

	Q1	Q2	Q3	Q4
Mental Health & Learning Disabilities	0	3	6	3
Morrison	2	17	8	76
Neath Port Talbot & Singleton	4	14	0	30
Primary and Community Care	7	17	3	13
Total	13	51	17	122

Table 4.

Ultimately, responsibility lies with the Service Delivery Groups to continue to monitor timely completion of the plans, to review outcomes and report issues to COEG. The mid-year status will be highlighted at the next COEG meeting.

3.4 Emergent Necessary Ad-hoc Topics

6 ad-hoc proposals were received for the report period, 5 were approved by the relevant Audit Leads; 2 Primary Care pilots of the AMaT system, 1 new Oncology regional study, 1 NPT hospital topic (no planned activity) and 1 medical student project at Morrison.

3.5 National Guidance

The health board's governance structure for monitoring non-medicine specific NICE Guidance for Wales and other key publications e.g., Health Technology Wales, is via the Clinical Outcomes Effectiveness Group (COEG). The process for NICE guidance was recently subject to review by Internal Audit, which generated several improvement actions in the final report issued in May 2022. The management response, actions and progress are discussed in more detail in a separate paper to the Committee.

3.6 Mortality

The Executive Medical Director and Deputy CEO is currently working with colleagues to ensure more structure around the review of mortality data as a whole that includes; oversight of formal review of deaths via Mortality Reviews and the ME cases received at the Learning from Deaths Panel and the broader aspects of linking mortality data to condition specific outcomes.

Business Intelligence colleagues are in the process of building new dashboards and scorecards to support the timely availability of data e.g., 30-day elective post-operative mortality. The focus will be very much on understanding the complexities of services to fully understand the data and the reasons behind it, to inform improvement plans.

3.6.1 Mortality Reviews

The existing Mortality Reviews approach is slowly being phased out as the ME system matures and more cases are able to be scanned across. This has been restricted by resources and sickness within the ME Service.

Table 5. below illustrates the position in June 2022 for outstanding Stage Two Mortality Review forms;

	Number of Outstanding Stage Two Review 2021/22	
	2021 cases	2022 cases
Singleton	6	N/A
Morrison	11	11
NPT	3	1
SBUHB	20	12

Table 5.

It was agreed at the June COEG meeting that Service Delivery Group Medical Directors would ensure all 2021 Stage Two Mortality Reviews were cleared as a matter of urgency.

All 2022 outstanding Stage 2 reviews will be processed by, the Learning from Deaths Panel at levels 1 and 2.

3.6.2 Medical Examiners Service

The independent Medical Examiners (ME) Service review of deaths is still currently limited to a maximum of only 5 cases a day for the Morriston site while the ME Service seek to recruit further support staff. All deaths at Singleton are received and reviewed and currently none for Neath Port Talbot.

Appendix 2. lists the themes generated from the ME Service reviews, with rolling totals from January 2021 to 26/08/2022. The list incorporates the requirements of the Executive Medical Director/Deputy CEO in breaking down the wider themes to support Service Delivery Group Medical Directors in addressing any issues.

3.7 Audit Management and Tracking System (AMaT)

Use of AMaT by the Clinical Audit and Effectiveness team has progressed well. It now houses plans, supports monitoring all levels of audit priorities, data collection and generation for priority topics and assessment of key national guidance.

Use of the various modules has resulted in a number of supplementary development requests.

The option to use the system on mobile devices has been welcomed by users and single sign, a first in the UK, is imminent.

4. FINANCIAL IMPLICATIONS

The Clinical Audit and Effectiveness Department is aware that the Associate Nurse Director, Corporate Nursing, was successful with a business case for additional digital and administrative resources to support implementation and rollout of AMaT within Nursing.

Consideration of how continued use of the system through payment of licence fees and any additional costs will be required if AMaT is assessed and confirmed as integral to the Health Board in supporting multiple work-streams.

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 checked="" 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 checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
Outstanding Research, Innovation, Education and Learning	<input checked="" 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 checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Compliance with national topics provides an opportunity to benchmark performance for quality, safety and patient experience, while the appropriate identification and planning of necessary local priorities can support improvements and provide assurance.		
Financial Implications		
An existing post within the Clinical Audit and Effectiveness team has been temporarily uplifted utilising released funds from a vacated part time post accommodate the required work around the Audit Management and Tracking system (AMaT). The system has been provided free for a two-year period. During that time the benefits and impact of the system are expected to be wide ranging and a business case will be required to secure additional funding for its continued use, if deemed appropriate.		
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)		
Long term the aim is to embed a new culture in terms of the prioritisation of audit and improvement activities, while balancing the need to meet requirements placed on doctors and healthcare professionals in training.		
Report History	A report to the Audit Committee is made twice a year.	
Appendices	Appendix 1: Revised list of Welsh Government mandated national audit and improvement topics Appendix 2: Themes generated by the Medical Examiners Service	

Appendix 1.

Annual Programme for 2022 - 23 of National Clinical Audit and Outcome Reviews in which all Welsh health boards and trusts must participate (where services are provided)

Acute	Audit website homepage	Contact	Collecting data in 2022/23
National Joint Registry	www.njrcentre.org.uk	enquiries@njrcentre.org.uk	Yes (W, E & NI)
National Emergency Laparotomy Audit *	www.nela.org.uk	info@rcoa.ac.uk	Yes (W & E)
Case Mix Programme (CMP)	www.icnarc.org	cmp@icnarc.org	Yes (W, E & NI)
Major Trauma Audit Trauma Audit and Research Network #	https://www.tarn.ac.uk/	support@tarn.ac.uk	Yes (W, E & NI)

Long Term Conditions	Audit website homepage	Contact	Collecting data in 2022/23
National Diabetes Audit *	General: https://digital.nhs.uk		(W & E)
Note this covers the following areas : National Diabetes Foot Care Audit	Footcare: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-foot-care-audit	ndfa@nhs.net	Yes
• National Diabetes Inpatient Safety Audit (NDISA)	NaDia: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-inpatient-audit	nadia@nhs.net	Yes
• National Pregnancy in Diabetes Audit	Pregnancy: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-pregnancy-in-diabetes-audit	npid@nhs.net	Yes
• National Diabetes	Core: https://digital.nhs.uk/data-	diabetes@nhs.net	Yes

Core Audit	and-information/clinical-audits-and-registries/national-diabetes-audit		
National Paediatric Diabetes Audit (NPDA) * #	www.rcpch.ac.uk/npda	npda@rcpch.ac.uk	Yes (W & E)
National Asthma and COPD Audit Programme (NACAP)* # Note this covers the following areas :	https://www.rcplondon.ac.uk/projects/national-copd-audit-programme	copd@rcplondon.ac.uk	Yes (W & E)
<ul style="list-style-type: none"> • COPD Secondary Care • Adult Asthma • Paediatric Asthma Secondary Care • Pulmonary Rehabilitation 	https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-copd https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-adult-asthma https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-children-and-young https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-pulmonary-rehabilitation-workstream		
Renal Registry (Renal Replacement Therapy) #	https://ukkidney.org/about-us/who-we-are/uk-renal-registry	renalregistry@renalregistry.nhs.uk	Yes (W, E & NI)
National Early Inflammatory Arthritis Audit * #	https://www.rheumatology.org.uk/Practice-Quality/Audits/NEIA-Audit	bsr@rheumatology.org.uk	Yes (W & E)
All Wales Audiology Audit #			Yes (Wales only)

Older People	Audit website homepage	Contact	Collecting data in 2022/23
Sentinel Stroke National Audit Programme (SSNAP) *	www.strokeaudit.org	ssnap@rcplondon.ac.uk	Yes (W, E & NI)
Falls and Fragility Fracture Audit Programme Including: <ul style="list-style-type: none"> National Audit of Inpatient Falls National Hip Fracture Database Fracture Liaison Service Database *	https://www.rcplondon.ac.uk/projects/falls-and-fragility-fracture-audit-programme-fffap	FFFAP@rcplondon.ac.uk <u>Inpatient Falls</u> falls@rcplondon.ac.uk <u>Hip Fracture Database</u> nhfd@rcplondon.ac.uk Fracture Liaison Service Database FLSDB@rcplondon.ac.uk	Yes (W, E, NI)
National Audit of Dementia *	www.nationalauditofdementia.org.uk	nad@rcpsych.ac.uk	Yes (W & E)

End of Life	Audit website homepage	Contact	Collecting data in 2022/23
National Audit of Care at the End of Life (NACEL) *	https://www.nhsbenchmarking.nhs.uk/nacel	enquiries@nhsbenchmarking.nhs.uk	TBC (W & E)

Heart	Audit website homepage	Contact	Collecting data in 2022/23
National Cardiac Audit Programme (NCAP) <ul style="list-style-type: none"> National Heart Failure Audit * National Audit of Cardiac Rhythm Management * 	https://www.nicor.org.uk/ https://www.nicor.org.uk/national-cardiac-audit-programme/heart-failure-heart-failure-audit/ https://www.nicor.org.uk/national-cardiac-audit-programme/cardiac-rhythm-management-arrhythmia-audit/	nicor-auditinquiries@bartshealth.nhs.uk	(W & E) Yes Yes

<ul style="list-style-type: none"> National Adult Cardiac Surgery Audit* 	https://www.nicor.org.uk/national-cardiac-audit-programme/adult-cardiac-surgery-surgery-audit/		Yes
<ul style="list-style-type: none"> National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) * 	https://www.nicor.org.uk/adult-percutaneous-coronary-interventions-angioplasty-audit/		Yes
<ul style="list-style-type: none"> National Congenital Heart Disease Audit * # 	https://www.nicor.org.uk/national-cardiac-audit-programme/congenital-heart-disease-in-children-and-adults-congenital-audit/		Yes
<ul style="list-style-type: none"> Myocardial Ischaemia National Audit Project (MINAP)* 	https://www.nicor.org.uk/national-cardiac-audit-programme/myocardial-ischaemia-minap-heart-attack-audit/		Yes
National Audit of Cardiac Rehabilitation	http://www.cardiacrehabilitation.org.uk/	corinna.petre@york.ac.uk	Yes (W, E & NI)
National Vascular Registry Audit *	www.vsqip.org.uk	nvr@rcseng.ac.uk	Yes

Cancer	Audit website homepage	Contact	Collecting data in 2022/23
National Lung Cancer Audit *	https://www.rcplondon.ac.uk/projects/national-lung-cancer-audit On 1 February 2022, the project transferred to the Royal College of Surgeons of England. It was previously run by the Royal College of Physicians.	nlca@rcplondon.ac.uk	Yes (W & E_)
National Prostate Cancer Audit *	www.npca.org.uk	npca@rcseng.ac.uk	Yes (W & E)
Gastrointestinal Cancer Audit Programme (GICAP) *			Yes (W & E)

<ul style="list-style-type: none"> National Bowel Cancer Audit 	www.nboca.org.uk	bowelcancer@nhs.net	
<ul style="list-style-type: none"> National Oesophago-gastic Cancer Audit 	https://www.nogca.org.uk/	og.cancer@nhs.net	
National Audit of Breast Cancer in Older People (NABCOP) *	https://www.nabcop.org.uk/	nabcop@rcseng.ac.uk	Yes (W&E)

Women's and Children's Health	Audit website homepage	Contact	Collecting data in 2022/23
Paediatric Intensive Care Audit (PICaNet) * #	www.picanet.org.uk	picanet@leeds.ac.uk	Yes (UK)
National Neonatal Audit Programme Audit * #	www.rcpch.ac.uk/nnap	enquiries@rcpch.ac.uk	Yes (W & E)
National Maternity and Perinatal Audit *#	http://www.maternityaudit.org.uk/pages/home	nmpa@rcog.org.uk	Yes (W, E & S)
National Perinatal Mortality Review Tool	https://www.npeu.ox.ac.uk/pmr	general@npeu.ox.ac.uk	Yes (W, E & S)

Other	Audit website homepage	Contact	Collecting data in 2022/23
National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12) *#	https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit	enquiries@rcpch.ac.uk	TBC
National Clinical Audit of Psychosis *	https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis	NCAP@rcpch.ac.uk	Yes (W & EW)

(* denotes NCAPOP Audits)

(# denotes reports likely to include information on children and / or maternity services)

Clinical Outcomes Review Programme

The **Clinical Outcome Review Programme (CORP)** is designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by enabling learning from adverse events and other relevant data. It aims to complement and contribute to the work of other agencies such as NICE, the Royal Colleges and academic research studies, which support changes to improve NHS healthcare.

Without high quality data, improvement in clinical care is unlikely to occur. National clinical audits and outcome reviews are focused on areas of healthcare considered to be important, where there are often issues of concern and where national results are considered essential to improve practice and standards.

With the ability to measure against recognised standards and compare services on a local, regional or national basis, clinical audit and outcome reviews are very powerful tools for assessing the quality of services being provided. When used as part of the wider quality improvement cycle, they provide a strong mechanism for driving service change and improving patient outcomes, but full participation and a determination to learn from the findings is essential.

Service provider contracts for these programmes have been awarded to the following suppliers (links are provided to website homepages):

Clinical Outcomes Review Programme	Programme website homepage	Contact	Collecting data in 2022/23
Medical and Surgical Clinical Outcome Review Programme *	http://www.ncepod.org.uk/ To include: - Community acquired pneumonia - Crohn's Disease - Endometriosis - End of life care	ncepod@nhs.net	(W, E) Yes Yes Yes Yes
Mental Health Clinical Outcome Review Programme *	http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci - National Confidential Inquiry into Suicide and Safety in Mental Health	ncish@manchester.ac.uk	(W, E) Yes

Child Health Clinical Outcome Review Programme *#	http://www.ncepod.org.uk/ - Transition from child to adult health services - Testicular torsion	ncepod@nhs.net	(W, E) Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme *#	https://www.npeu.ox.ac.uk/mbrface-uk	general@npeu.ox.ac.uk	(UK) Yes

Appendix 2. Themes Generated from Medical Examiners Service Reviews

Themes		Family	Medical Examiner	Total
COVID	Nosocomial COVID-19	-	82	82
	Community acquired COVID-19	1	3	4
Communication	Communication with Family / Patient	68	3	71
	Communication between Staff/Wards/Hospital in SBUHB	4	4	8
	Communication between SBU and other HB's	2	1	3
Documentation	Documentation Not completed	-	9	9
	Lack of or No Documentation	-	15	15
	Documentation Illegible	-	1	1
	Documentation – Poor Quality/Not in Order	-	1	1
DNACPR	DNACPR Partially Completed	-	5	5
	CPR performed with DNACPR in place	-	4	4
	DNACPR not in notes	-	4	4
	General DNACPR concerns	1	4	5
Medication	Missed Medication	-	3	3
	Delayed Medication	4	5	9
	Wrong Medication	1	9	10
	General Medication Concern	9	18	27
Prior to Admission	WAST	7	24	31
	Issues with Offloading	3	23	26
Care	Management of Care / Pain	22	27	49
	Diagnosis Concerns	3	8	11
	Concerns with/Delay in Treatment	18	21	39
	Care by Clinicians Concerns	3	4	7
	Care by Nurses Concerns	14	4	18
	Transfer between hospitals/wards	7	9	16
	Falls	3	23	26
	Long Admission	-	8	8
	Faulty Hospital Equipment	2	-	2
	Infection Control	-	12	12
	Wrong Area of Treatment	-	1	1
	Pressure Sores	-	21	21
	Inappropriate Discharge	4	14	18
	Previous Admission	4	2	6
	Consent/Capacity	1	3	4
Death	Cardiac Arrest	-	24	24
	Post Op Death (Surgical)	-	18	18
	Unexpected Death	-	7	7
Community	HB Community Services	3	-	3
	Package of Care	1	3	4
	Nursing / Residential Care Home Concerns	3	4	7
	GMS (GP) Acute Care Management	9	4	13
Additional Processes	Safeguarding	-	7	7
	POVA	1	-	1
	PTR	-	1	1
Totals		198	443	641