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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	21st November 2019	Agenda Item	3.1
Report Title	Clinical Audit and Effectiveness Report		
Report Author	Sharon Raġbetli, 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	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 exceptions.		
Key Issues	<p>It is mandatory to participate in those projects relating to the services we provide.</p> <p>Welsh Government requires a response to assurance forms issued following publication of a national audit/registry. Significant improvements have been made to the Health Board process and progress is highlighted within the report.</p>		
Specific Action Required	Information	Discussion	Assurance
<i>(please ✓ one only)</i>			✓
Recommendations	Members are asked to note the contents of the report.		

Clinical Audit & Effectiveness Report for the Audit Committee

1. Introduction

This document aims to provide an overview of the Health Board's position for the first six months of the 2020/21 audit year in relation to; participation in the mandated National Clinical Audit and Outcome Review Advisory Committee Programme for 2019/20 and associated Welsh Government Assurance process, in addition to reporting the level of local audit activity.

2. Background

The Health Board is required to participate in all mandated national audits/registries and clinical outcome reviews that are relevant to the services it provides. The list is refreshed and published annually by the National Clinical Audit and Advisory Committee.

The list has increased in number. For 2019/20, 38 of the 40 mandated national audit projects included are relevant to Swansea Bay University Health Board (those not relevant relate to services that are not provided in Swansea Bay, in addition to the Clinical Outcome Review Programme (formerly NCEPOD) studies collecting data during the period (Appendix 1.).

There is a continuing trend of converting what were time-limited or bi-annual mandated national projects, to continuous data collection e.g. Pulmonary Rehabilitation, Asthma and COPD Audits.

Welsh Government requires that Health Boards complete and submit a two-part assurance proforma following the publication on a topic included within the 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.

The Deputy Chief Medical Officer took the decision to stand down the National Clinical Audit and Outcomes Review Advisory Committee in October 2019, reporting it would be replaced by regular meetings between the clinical audit team and Health Board Clinical Audit Managers, along with quarterly newsletters (Appendix 2).

3. Governance and Risk Issues

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

In addition to the nationally mandated audits there are a range of activities around which we are unable to adequately determine whether audit processes are required or whether adherence to quality standards is assured. For example, there are a variety of instructions such as Patient Safety Notices (PSN) which mandate an audit

process as part of their recommendations. Further work will be required to identify the relevant standards and to determine the appropriate audit process.

3.1 The Clinical Audit and Effectiveness Department

Following reorganisation of boundaries, the support team facing the 2019/20 year reduced to 10.3 wte. In addition, the Clinical Effectiveness and Governance Manager retired (Appendix 3).

The department prioritises support for any mandated national audits and outcome registries that it has responsibility for, in addition to supporting any projects in response to patient safety issues. It is possible for them to support locally registered topics.

3.2 National Clinical Audit and Outcome Review Audit Committee (NCAORAC) Published Reports

A list of the national reports published for the period is attached as Appendix 4.

3.3 Welsh Government Assurance Process

Following retirement of the Clinical Effectiveness and Governance Manager, the process for monitoring returns and the quality of those responses, has changed. The inherited position was a backlog of fourteen responses, some of which dated back to 2018.

The process is now facilitated by the Clinical Audit and Effectiveness team and monitored by members of the Executive Medical Director's Department. Responses are reviewed for quality by the Interim Deputy Director and monthly meetings regarding national audits are held with the Executive Medical Director to address any issues.

Compliance with the assurance process for publications from April – September 2019 is illustrated in Appendix 4. Currently there is one response overdue for Heart Failure.

A meeting with the Welsh Government team earlier in the year confirmed that the quality of the returns took priority over meeting the deadlines.

3.4 Local Audit Activities

For the period, 61 local audit projects have been registered with the Clinical Audit team, from a wide variety of areas. This is a decrease from the 83 projects reported from the same period last year and sets a course for what has become a continued decline in recent years; 285 in 15/16, 210 in 16/17 and 192 in 17/18.

To date, 21/61 of these topics have been completed (34%). A summary of the findings and associated actions are attached as Appendix 5.

The Executive Medical Director has reinstated monthly half-day Clinical Governance meetings across the Health Board from January 2020 and has directed Unit Medical Directors to ensure that these incorporate review and discussion of:

- Clinical audit and outcomes (local, and national where applicable)
- Clinical effectiveness and Quality Improvement
- Healthcare-acquired infections
- Mortality Reviews
- Communication (including electronic discharge summary completion and use of electronic referrals)

3.5 Development and maturation of the clinical audit programme in Swansea Bay University Health Board

National and local clinical audit

While the Health Board's participation in national audits is reasonable, there is a requirement to establish more robust processes for formalising audit programmes and aligning these to the Health Board's priorities. It is proposed that the future audit programme for the Health Board should include tiers of audit activity that reflect national, organisational and local audit priorities:

Tier 1: National clinical audit programmes

Tier 2: Organisational priorities (e.g. reflecting risk, issues picked up by Internal Audit reports, cross-Delivery Unit issues)

Tier 3: Delivery Unit priorities (e.g. audits that require cross-directorate participation within the Delivery Units)

Tier 4: Directorate priorities (e.g. specialty-specific audits, clinicians' audits of their own practice)

Audit activity should measure current practice against a defined or desired standard. This should stimulate improvement activity and re-audit should be undertaken to ensure that changes have had the desired effect in aligning practice/outcomes towards the required standard. The clinical audit programme should contain a greater proportion of repeat audits than it currently does.

Doctors in training are required to demonstrate that they participate in audit and quality improvement activities. This is welcomed and will be supported within this framework.

Evaluation against NICE guidelines

There are not currently robust mechanisms for evaluating compliance with recommendations and guidelines issued by the National Institute for Health and Clinical Excellence (NICE). The absence of this information presents a significant risk in the organisation's knowledge of whether clinical services meet these

recommendations, what would be required to meet those standards, and any implications for patients.

Priority actions for the next 12 months:

- A new SharePoint site has been created to aid the Delivery Units in accessing information regarding their national and local clinical audit activities and outcomes. This will improve sharing of information prior to further changes to audit structure being implemented.
- The Executive Medical Director will review current reporting arrangements within subcommittees to ensure that there is a clear process for review of clinical audit and outcomes.
- A new Audit Policy will be developed to reflect the four tiers of clinical audit described above.
- Current capacity within the clinical audit department is able to manage the current activity associated with national audits and some local audit. Developing a more robust audit programme as described above will represent significant additional work and an analysis of the resource required to deliver this will be undertaken.

4. Financial Implications

None.

5. Recommendation

The Audit Committee is asked to note 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	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	A report to the Audit Committee is made twice yearly.						
Appendices	Appendix 1. National Clinical Audit and Outcomes Review Advisory Committee Programme 2019/20 Appendix 2. National Clinical Audit and Outcomes Review Newsletter, English and Welsh Appendix 3. Revised Clinical Audit and Effectiveness Department Organisational Chart Appendix 4. Published Reports and Compliance with Assurance Process April – Sept 2019 Appendix 5. Local Registered Audits Completed April – Sept 2019						

Appendix 1. National Clinical Audit and Outcomes Review Advisory Committee Programme 2019/20



Welsh Health
Circular - National C

Appendix 2. National Clinical Audit and Outcomes Review Newsletter, English and Welsh

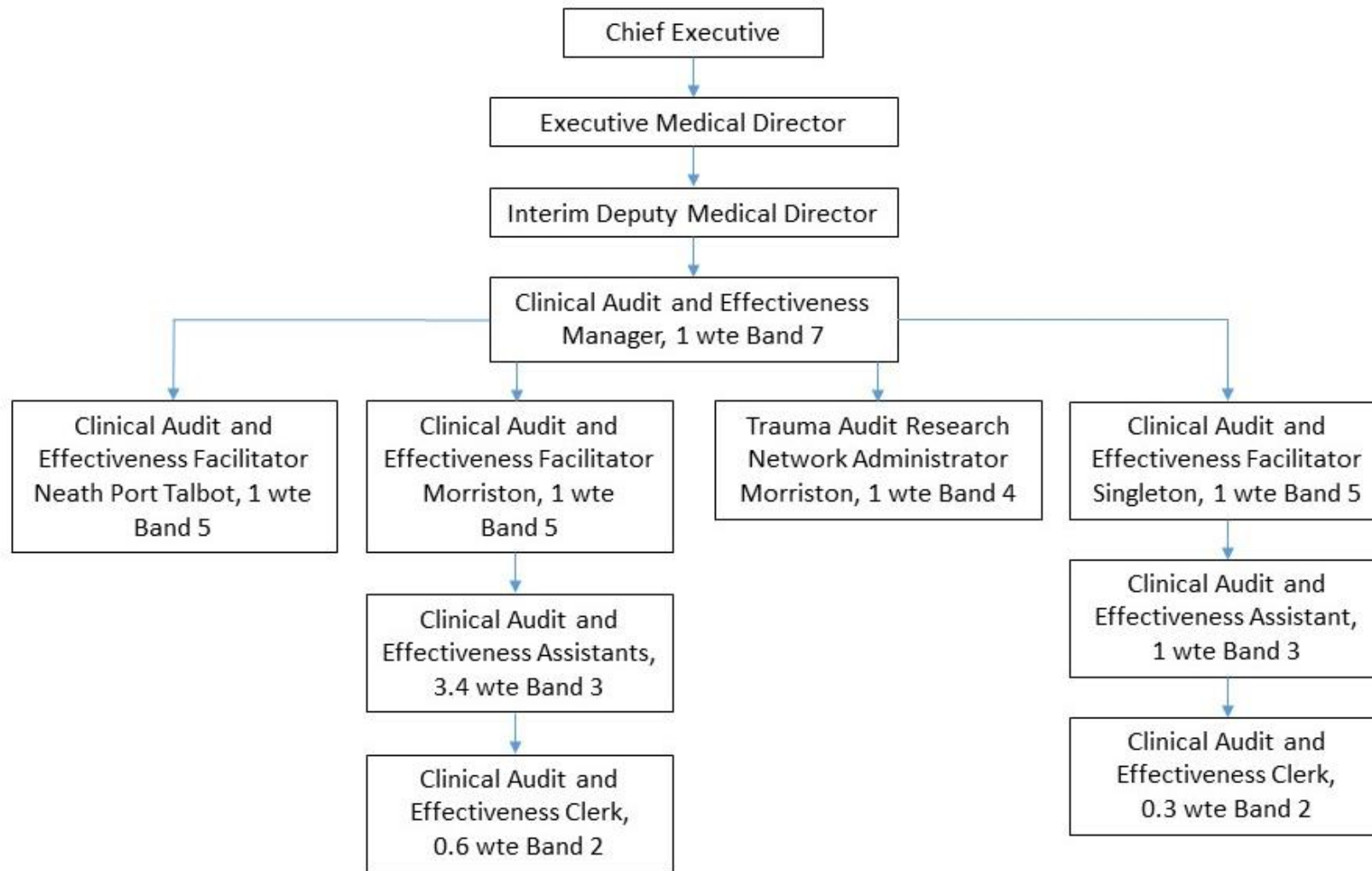


National Clinical
Audit and Outcome



National Clinical
Audit and Outcome

Appendix 3. Revised Clinical Audit and Effectiveness Department Organisational Chart



Appendix 4. Published Reports and Compliance with Assurance Process

Report		Published	Responses Due/Received	
Chronic Obstructive Pulmonary Disease - Clinical Audit Report 2019 and the Chronic Obstructive Pulmonary Disease – Annual Outcomes Report 2019		May 2019	Received	Received
National Paediatric Diabetes Audit Report 2017-18: Care Processes and Outcomes		May 2019	Received	Received
National Lung Cancer Audit Annual Report		May 2019	Received	Received
National Audit of Breast Cancer in Older Patients 2019 Annual Report		May 2019	Received	Received
National Diabetes Foot Care Audit: Fourth Annual Report		May 2019	Received	Received
Sentinel Stroke National Audit Programme		June 2019	Received	Received
National Audit of Care at the End of Life (NACEL) 2019		July 2019	Received	Received
National Audit of Dementia		July 2019	Received	Received
National Audit of Cardiac Rhythm Management and Devices Ablation 2016-17		July 2019	Received	Received
National Diabetes Insulin Pump Audit 2017-18		Aug 2019	Received	Received
National Maternity and Perinatal Audit (NMPA) Clinical Report 2019		Sept 2019	Received	B - 11/12/19
National Ophthalmology Database Annual Report 2019		Sept 2019	Received	Received
National Cardiac Audit Programme Annual Report 2019	Adult Surgery	Sept 2019	Received	B - 11/12/19
	Heart Failure	Sept 2019	A - 16/10/19	B - 11/12/19
	PCI	Sept 2019	Received	B - 11/12/19
	ACS	Sept 2019	Received	B - 11/12/19

Appendix 5. Local Registered Audits Completed April – September 2019

Neath & Clinical Support

Speciality	Title	Stated Overall Purpose	Source of Standards	Summary
Wales Fertility Institute	Evaluation of Assisted Reproduction Techniques Outcomes in Women Affected by Different Endometriosis Grades Before and After Surgery	Surgery before and after assisted reproduction techniques and effects on pregnancy outcomes	National Institute for Health and Care Excellence (NICE) CG156	Operative intervention advantageous for patients with endometriosis prior to Assisted Reproduction Techniques. Unit's findings consistent with National Institute for Health and Care Excellence guidance. Proportional increase in live birth most important clinical outcome. No action plan required.
Wales Fertility Institute	Oncology Sperm/Eggs and Embryos Return	To identify the return rate of oncology male and female patients for the use of their stored material and successful outcomes	National Institute for Health and Care Excellence (NICE) CG156	Return rate of patients using their samples for reproduction is relatively low, which may be improved by regularly contacting patients to ensure storage is still desired. A larger sample size and repeat study in 10-15 years-time is required to more accurately determine return rate and evaluate the impact of epidemiological factors on likelihood of return. No action plan required.
Wales Fertility Institute	Evaluation of Impact of Serum Progesterone Tested 7 Days After Oocyte Pick-up on Pregnancy Outcomes	Service evaluation of the value in testing progesterone levels 7 days post oocyte pick-up (historical control comparison or cross sectional)	National Institute for Health and Care Excellence (NICE) CG156	Extra luteal support is potentially beneficial for women with low progesterone levels undergoing in vitro fertilisation/intracytoplasmic sperm injection, although the significance of these results cannot be established without further statistical analysis and comparison to a control group. The inconclusive findings regarding protocol and follicle number depict the importance of other (non-hormonal) factors influencing pregnancy, which need to be investigated. No action plan required.
Wales Fertility Institute	Evaluation of Difference Luteal Support Regimens in Frozen Embryo Transfer Cycles	Vaginal versus subcutaneous route	National Institute for Health and Care Excellence (NICE) CG156	Clinical pregnancy rate was greater amongst Lubion assisted cycles than Cyclogest cycles. Furthermore, Lubion cycles had a greater positive pregnancy test rate and lower ectopic pregnancy rate. Cyclogest cycles were found to have a lower rate of miscarriages and biochemical pregnancies; however, the difference was minimal. These results suggest that Lubion is a more effective form of progesterone supplementation. No action plan required.
Wales Fertility Institute	Evaluation of Different Stimulation Protocols (Antagonist/Sequential/Long) and Different Drugs on In Vitro Fertilisation/ Intracytoplasmic Sperm Injection Outcome	Antag versus long sequential (long and antag) recombinant follicle stimulating hormone versus urinary human menopausal gonadotrophin	National Institute for Health and Care Excellence (NICE) CG156	Current practice is compliant with guidelines. Use of "freeze-all" policy is also well supported by current evidence in preventing occurrence of ovarian hyper stimulation syndrome. The results on clinical pregnancy rate are consistent with those found in other studies. Additional studies on the ovarian hyper stimulation syndrome rates of different stimulation drugs and protocols would be very helpful in comparing the safety and efficacy between different stimulation methods. No action plan required.
Singleton Unit				
Speciality	Title	Stated Overall Purpose	Source of Standards	Summary

Dermatology	Pruritus Audit	Compare departmental practice when treating patients against latest British Association of Dermatologists recommendations	British Association of Dermatologists guidelines	No patient safety issues identified. Action plan required is indicated but no details provided.
Medicine (Diabetes and Endocrinology)	Prescribing Thromboprophylaxis for Patients Admitted to Medical Wards	To improve the awareness of thromboprophylaxis in inpatients	National Institute for Health and Care Excellence (NICE) QS3	Venous thromboembolism is an important preventable problem in hospital inpatients. 12% of patients did not receive treatment. 100% compliance with dose adjustment with renal function. 96% compliance with dose adjustment with body weight. Action plan required - Increase awareness for junior doctors. Venous thromboembolism prophylaxis guideline.
Medicine (Diabetes and Endocrinology)	Trainees' Confidence Level in Delivering Diabetes Care	To assess the trainees' (junior doctors) confidence level in management of diabetic patient	Trainees Own Perception of Delivery of Care of Diabetes Study (TOPDOC Study)	Action plan required - Increase awareness of think glucose programme. Diabetes teaching on induction day. Significant proportion of junior doctor's lack confidence in managing patients with diabetes admitted to hospital, they also reported the requirement for further training and education on diabetes management. Junior doctors to complete eLearning modules for diabetes

Mental Health & Learning Disabilities

Speciality	Title	Stated Overall Purpose	Source of Standards	Summary
Old Age Psychiatry	Antipsychotic Review in Local Care Homes - Neath Port Talbot	To review the need for antipsychotic medication in patients with dementia and in remission in local care homes.	Department of Health (Banerjee) Report 2009. Intelligent target 3 for dementia	Inappropriate prescriptions of anti-psychotic medications in patients with dementia and in remission in local care home in Neath Port Talbot. Action plan required - Three monthly review of anti-psychotics, GP to refer residents to the Crisis Resolution and Home Treatment Team for management and need to commence anti-psychotic statement.

Primary & Community Care

Speciality	Title	Stated Overall Purpose	Source of Standards	Summary
Sexual Health	Update: Management of Gonorrhoea	To improve the management of patients presenting with Neisseria gonorrhoea	British Association for Sexual Health and HIV guidelines for management of infection with Neisseria gonorrhoea (2019)	Not achieving standard of 97% culture rates prior to treatment - implications for emerging resistance patterns/antimicrobial susceptibility. Not achieving 97% of patients having test of cure after treatment - potential for patients to be passing on partially treated infections. Action plan required - Improve culture rates by introducing tick box on treatment proforma to aid memory. Improve test of cure rates by ensuring each patient has follow up appointment booked at initial treatment consultation and phone call reminder.

Morrison Unit

Speciality	Title	Stated Overall Purpose	Source of Standards	Summary
Anaesthetics	Retrospective Audit of Regional Anaesthesia Failure Rate in Caesarean Sections at Singleton Hospital	To identify risks, if present, for failure of regional anaesthesia on labour ward leading to need for general anaesthetic. Aim to reduce rate of general anaesthetic for caesarean section, improving patient experience and potentially decreasing litigation.	Royal College of Anaesthetist's	Currently appear to be meeting National guidelines/standards. Failure rate of Singleton Hospital regional 2.5% in this year, however, small numbers. We need further data to ensure reliability.
Cardiology	Timely Investigation of Metabolic Risk Factors in Patients Admitted with ST Elevation Myocardial Infarction	Identify if patients presenting with ST elevation myocardial infarction are having their metabolic risk factors such as lipid levels, and baseline investigations assessed on admission as per the European Society of Cardiology guidelines. If not, develop audit as a quality improvement project.	European Society of Cardiology (ESC) Guidelines	Audit demonstrated inconsistent assessment of metabolic risk factors on initial presentation of patients with ST elevation myocardial infarction. Action plan required - Target for intervention identified as Cath lab for consistent approach to obtaining blood samples.
ENT	Audit on Day Case Surgery in ENT	To compare the performance of day case surgery in ENT department against National Health Service target.	National Health Service day surgery	Recognise patients who are fit for day case surgery when listing in Outpatients Department and during pre-assessment. Major ENT surgeries if performed in the afternoon to be listed as inpatient. No action plan required.
ENT	Please, Write to Me	Record relevant faults about patient health and well-being, to present in a way that improves understanding and communicate management plan to patient and GP.	Academy of Royal College	To re-audit after complete and change in writing letters to patients as agreed by other clinicians in department.
Gastroenterology	GP Urgent Suspected Cancer Gastroenterology Referral Audit	Ensure urgent suspected cancer (USC) referrals meet National Institute for Health and Care Excellence guidelines, are vetted correctly within the time frame and identify how many turned out to be GI cancers after investigations.	National Institute for Health and Care Excellence (NICE) guidelines	Action plan required - New urgent suspected cancer GP referral system online.

Morrison Unit (contd.)

Speciality	Title	Stated Overall Purpose	Source of Standards	Summary
Gastroenterology	Colonoscopy Audit	To compare standards of colonoscopy procedures against National guidelines	Joint Advisory Group	Action plan required - Reinforce standards. Distribute results to Endoscopists
Gastroenterology	Endoscopy Audit	To compare standards of endoscopy procedures against National guidelines	Joint Advisory Group	Action plan required - Reinforce standards. Distribute results to Endoscopists
Gastroenterology	Re-Audit on Management of Decompensated Cirrhosis	Ensure that these patients are treated as per the trust guidelines for treating decompensated liver cirrhosis patients.	Trust guidelines	Guideline on treating decompensated liver cirrhosis patient has not been met. Action plan required - Reinforce standards and introduction of new standards. Transfer such patients to specialty ward as early as possible. Attach Trust guideline to the clerking to check the standards are met.
Oral and Maxillofacial Surgery	Venous Thromboembolism and Haemorrhage in Orthognathic Surgery	Determine rates of venous thromboembolism (VTE) and haemorrhage associated with orthognathic surgery, VTE prescription and osteotomy advancement. Determine if results are comparable with current literature and hospital VTE prophylaxis standard	Health board documentation Systemic review 2014	Venous Thromboembolism (VTE) prophylaxis. Rates of haemorrhage below national average. No cases of post-op VTE/Pulmonary Embolism (PE). Action plan required - Reinforce Venous Thromboembolism prophylaxis and management of intra/post-op haemorrhage. Review departmental policy of pre-op and post-op management of orthognathic surgery patients
Radiology	Checking Renal Function after Intravenous Contrast - Comparing Current Practice Against Welsh Scientific Advisory	Highlighted at recent audit meeting that we were unsure how effective the current method of giving letters to patients with an estimated glomerular filtration rate between 30 and 45 was in ensuring that their renal function was checked post contrast.	Welsh Scientific Advisory Committee Guidance	Presented at a recent audit meeting. Agreed by consultants to continue with current method. No action plan required.
Radiology	Radiation Protection: Survey of Practice in Angio suites	Revisiting a few areas of practice that could have been improved on, following efforts to raise awareness of these areas.	Previous Baseline study	Improvement in awareness and use of all types of dosimeter and additional protective equipment. Still a small number of people unaware of guidelines. Action plan – provide information in starter packs.
Radiology	Ultrasound and Singleton Duty - Has it Changed Things?	Has the introduction of Duty Radiologists improved in patient ultrasound by Radiologists in Singleton?	Not provided	Action plan required - Re-inforce standards: Minimum two USS need to be booked as a routine for duty.

