ABM University Health Board	
	5th April 2018 **Quality & Safety Committee** **Agenda item:8.2**
Subject	**Clinical Outcomes Group Report**
Prepared by	**Anne Biffin, Clinical Effectiveness & Governance Manager** **Sharon Rağbetli, Clinical Audit & Effectiveness Manager**
Approved by	**Hamish Laing, Executive Medical Director**
Presented by	**Hamish Laing, Executive Medical Director**

1.0 Situation

1.1 ABMU continues to participate in all of the mandated national clinical audits and clinical outcome reviews included in the National Clinical Audit and Outcome Review (NCA&OR) Advisory Committee Annual Plan that relate to the services we provide.

Once a National Clinical or outcome database report is published each organisation is required to submit a two-part assurance proforma to Welsh Government within set timescales. The aim is to enable clinical teams and the Health Board to prioritise some of the report's recommendations, and outline what improvement actions are going to be taken to address those recommendations. The findings of the report and improvement actions are discussed when the report is presented at the Clinical Outcomes Group (COG). A list of the reports published since January 2018 is attached at Appendix i. Improvement actions are added to the COG Improvement Log which is managed by the Executive Medical Director's Department. The log is reviewed at each Clinical Outcomes Group meeting for progress, with any gaps or concerns being escalated to the relevant Unit Medical Director (Appendix ii).

1.2 The Clinical Audit & Effectiveness Department (CA&ED) maintains a register of Delivery Unit audit activity. Audits are registered following scrutiny by the designated lead for each audit. Audit activity, and action taken in response to the learning gained from them, are monitored through Delivery Unit governance structures.

2.0 Background

The National Clinical Audit and Outcome Review Advisory Committee (NCA&ORAC) Annual Plan has been adopted as the ABMU Clinical Audit Annual Plan since 2015. The Clinical Outcomes Group receives presentations on the published reports via a standardised presentation template to ensure that there is a focus on benchmarking local performance and the learning and areas for action for the Health Board. These presentations and the resulting discussions aid completion of the Welsh Government assurance proforma and populate the COG Improvement Log.

3.0 Assessment

3.1 Updates on NCA&ORAC audits and databases

- Data has recently been published for the **National Chronic Obstructive Pulmonary Disease (COPD) Secondary Care Audit**. The audit is designed to be carried out prospectively. However, due to the lack of resources within the clinical teams, the CA&ED currently supports this project on a retrospective basis, using Clinical Coding data, within set timescales. For example, discharges for the period 1st January – 31st March 2018 must be submitted by 20th April 2018. This approach, along with cases that did not meet the inclusion criteria (due to incorrect coding or length of time for the episode) and difficulties accessing all required casenote folders, has resulted in low returns. The national average for cases for the period 1st February – 13th September 2017 was 305. Morriston, Princess of Wales and Singleton Unit submitted 138, 109 and 107 respectively. It was reported in the recent COPD Audit newsletter that in future rounds of the audit, the timelines for submission of cases have been extended by an additional three weeks. It is hoped that this increase will allow more cases to be coded, retrieved and submitted.

- Training is currently underway in the use of the software for the **National Ophthalmology Audit (Adult Cataract Surgery).** One Consultant Ophthalmologist has started the software so the Health Board is now some contributing data. Open Eyes will eventually hold data for 60% of ABMU patients. The software is unable to pick up patients who have more than one hospital number, and does not use the NHS number. For the foreseeable future, audit data for patients that Open Eyes is not capturing will have to be collected on paper forms and the data inputted by one of the CA&ED team.

- Patient level data collection for the **National Confidential Enquiry into Perioperative Diabetes** has commenced. Photocopies casenote extracts for identified cases have being submitted by the CAED and Clinical questionnaires are required from both Anaesthetists and Surgeons.

3.2 Key discussion points from presentations to the Clinical Outcomes Group January & February 2018 (Improvement actions are included in the log attached at Appendix ii)

National Chronic Obstructive Pulmonary Disease (COPD) Primary Care
It is recognised that accurate diagnosis of COPD is essential to ensure that patients are managed correctly. Spirometry is a key part of the diagnosis. The number of practice nurses trained to carry out spirometry and to interpret the results has increased. Additional spirometry testing equipment has been provided in GP practices. There is a National programme to train practice nurses and health care support workers to a National standard. Uptake of pulmonary rehabilitation needs to be encouraged as this has been shown to have a positive effect on patients' lives. A sixth Respiratory Consultant is being appointed at Morriston. This individual will contribute to an Early Supported Discharge Scheme for COPD patients as well as to pulmonary rehabilitation.

- **National Emergency Laparotomy Audit (NELA)-** Morriston only, POWH Surgical lead unable to attend. Invited to present at a future COG meeting.

Only half of the emergency laparotomy patients are reviewed preoperatively by a Consultant Anaesthetist, often this is because the anaesthetist is already in theatre. The proportion of patients who have an unplanned return to Theatre is high (12%). These cases are being reviewed to draw out learning for improvement.

There is also a high incidence of unplanned critical care admission within 7 days of surgery. Pre-operative risk scoring of every patient (such as P-POSSUM), and implementation of a pathway that automatically triggers an immediate post-operative critical care admission for high risk patients, should be considered. Intensive Therapy Unit capacity is a limiting factor. Other ways of providing post-operative critical care, such as a Post-Anaesthetic Care Unit, are under consideration.

The majority of patients undergoing emergency laparotomy are elderly. However, review by a geriatrician is rarely possible. Development of combined surgical & geriatrician roles to be considered.

- **National Joint Registry (NJR)**
  Clinical outcomes for patients undergoing hip and knee surgery at Morriston compare well with those for other tertiary centres that receive complex referrals.

  The revision rate has fallen since the last report.

  Surgeons are able to access their own data and review other surgeons' anonymised performance data at any time. However, apart from one or two exceptions, this facility is not being used in ABMU. Lead Consultants to promote the use of this valuable source of data and include it in their appraisal discussions.

  Patient consent is required before their data can be included in the NJR. This is sought in the pre-assessment clinic. Patients are provided with an information leaflet to support their decision-making. The leaflet will be reviewed to ensure that it is compliant with the new data protection regulations that are due to come into force in May 2018.

  Data collection is largely paper-based a present. Work is required in collaboration with the Informatics team to automate as much of the data collection as possible via the theatre management system.

  There is currently no code in the NJR for patellofemoral replacement so an inappropriate code is being used. The NJR has the facility for an application to be made for a code to be added. This will be actioned by the Lead Consultant.

- **National Vascular Registry**
  There has been a reduction in the number of hospitals in the UK performing elective intra-renal abdominal aortic aneurysm (AAA) and carotid endarterectomy. Morriston is the 4th busiest unit in terms of numbers of procedures undertaken.

  ABMU is the poorest performing site as far as timeliness of surgery is concerned so more emergency procedures are carried out compared with electives, which is different from most other sites.

ABMU has the second highest lower limb major amputation rate in the UK. A lower limb at risk pathway is being introduced that will enable Community and Podiatry services to access vascular diagnostics and specialist services directly. Accredited training has been provided for Community staff and signposting has been modified to facilitate earlier referral to Vascular Services. Community Services are already able to order imaging and duplex scans in readiness for vascular review.

Capacity for endovascular aneurysm repair (EVAR) requires expansion but this is limited by access to imaging and equipment. There are currently no centres in Wales that provide a 24/7 EVAR service. Thirty six centres in England carry out EVAR 24/7.

3.3 Assurance Proformata

The Welsh Government process seeks assurance that Health Boards have received and considered the recommendations in each report and that there are improvement actions in place to address any shortfalls. Support to complete and submit these Proformata continues to be provided by the Clinical Audit & Effectiveness and Executive Medical Director's Departments. Delayed responses are escalated to Unit Medical Directors at each COG meeting. Outstanding Proformata are listed in Appendix iii.

4. Commissioned audit

The Group noted a request from the chair of the Quality and Safety Committee to conduct an audit to assess the impact of unscheduled care pressure in the Morriston Emergency Department in recent months on outcomes for patients. COG considered a draft terms of reference and determined that the audit should include both Morriston and Princess of Wales Hospitals. It was recognised that any adverse impact may not be seen until later in the admission and so careful consideration would be required on meaningful measures. A group would develop these for further discussion and then the audit would be actioned.

5 Recommendation

The Committee is asked to note the report.

National Reports Published January 2018 to date	
The National Lung Cancer Audit Annual Report. The 13th annual report on the clinical component (process of care) of the National Lung Cancer Audit. It contains national and named team results on the quality of lung cancer care for patients diagnosed between 1 January and 31 December 2016 and covers many processes of care across the entire patient pathway.	January 2018
National Confidential Inquiry into Suicide and Homicide Report 2018. Personality disorder (PD) refers to a complex psychiatric condition characterised by emotional changeability and difficulty relating to other people. Individuals with PD are often frequent users of mental health care. However, management of PD patients is notoriously challenging and influenced by the type of PD, the degree of severity and the presence of comorbid psychiatric disorders. Problems in interpersonal functioning mean patients with PD have high levels of service disengagement and treatment refusal, and there are often difficulties in relationships between staff and patient.	February 2018
The Fracture Liaison Service Database (FLS-DB) clinical audit report 2017 considers the quality of service provision for secondary fracture prevention. As a result of the aging demographic, secondary fracture prevention is a priority for health services at both the local and national levels. Providing effective secondary fracture prevention to all eligible patients would prevent almost 54,000 fractures within the first 5 years.	February 2018
Each and Every Need. The overarching aim of this report is to improve the care provided to children and young people aged 0-25 years with a chronic neuro-disability. The cerebral palsies have been used in the study as examples of neurodisabling conditions. Each and Every Need follows a trail of child health reports which began in 2006/7 with the publication of 'Why children die' by the Confidential Enquiry into Maternal and Child Health'.	March 2018
National Diabetes Inpatient Audit Report 2017 shows that, since the audit began in 2010, there have been very impressive improvements in many aspects of inpatient diabetes care, including reductions in medication errors, severe hypoglycaemia and hospital-acquired diabetic foot lesions. However, the rate of two important and life-threatening harms remain unchanged: Hospital-acquired diabetic ketoacidosis (DKA); and Hospital-acquired hyperosmolar hyperglycaemic state (HHS). DKA and HHS are preventable and should not occur during a hospital admission.	March 2018
National Diabetes Care Processes and Treatments Targets provides a comprehensive view of diabetes care in England and Wales and measures the effectiveness of diabetes healthcare against NICE clinical guidelines and NICE Quality standards.	March 2018
National Diabetes Footcare Audit is a measurement system of care structures, patient management and the outcomes of care for people with active diabetic foot ulcers. Diabetic foot care is an important area of care, with annual costs to the NHS estimated at around £1 billion in 2014/15 in addition to the personal/social costs of reduced mobility and sickness absence. More than 64 000 people with diabetes are thought to have foot ulcers at any given time with only three in five people with diabetes who have a foot ulcer surviving for five years.	

Clinical Outcomes Group

Total Number of Actions: 77
Total Completed: 38
Total In Development: 34
Total on Hold: 5

ABMU
EXECUTIVE MEDICAL DIRECTOR DEPARTMENT

CONTENTS
- Actions on Hold
- Actions in Development

Actions *'In Development'* are categorised as follows;

Current status	Status Definitions
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken.
Amber	Delayed, although action is being taken to ensure progress.
Green	Progressing on schedule with clear evidence of progress.

- Actions Completed
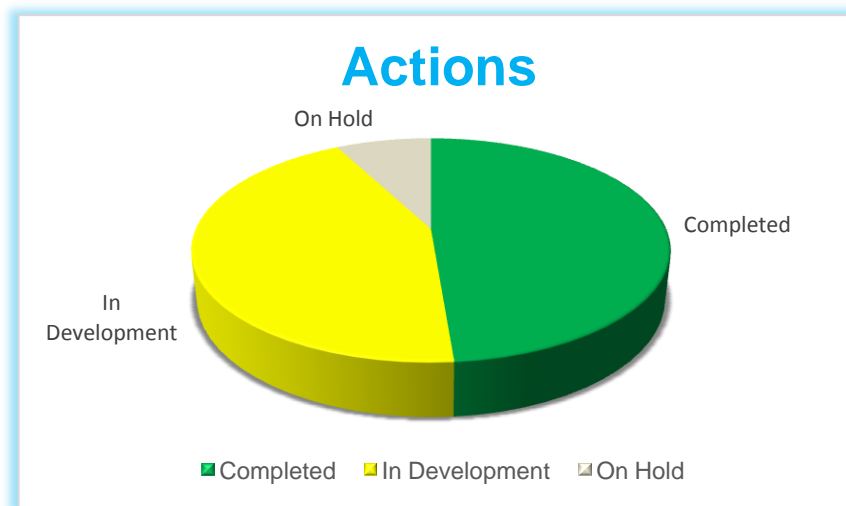
Actions on Hold

Date	Report	Action Required	Job Title	Note
28/11/2016	**Acute Pancreatitis Audit (MORR)**	Investigate the establishment of an ERCP/Interventional Radiographer rota.	UMD	Radiology posts vacant with national shortage of radiologists.
		Establish Hot Gall Bladder list.	Consultant Upper GI Surgeon	Currently no theatre space to accommodate extra list.
28/11/2016	**Acute Pancreatitis Audit (POW)**	Explore possibility of all upper GI consultant surgeons doing an extra list weekly.	Consultant Upper GI Surgeon	Too few consultant surgeons available to accommodate an extra list.
		Establish a hot gall bladder list.		Staffing is an issue as well as theatre capacity.
		Recruit a radiologist or gastroenterologist that is able to carry out ERCP to replace retiring staff member.		Recruitment of radiologists currently a national issue due to shortages of staff in the speciality.

Actions in Development

Date	Report	Action Required	Job Title	Notes
21/03/2017	**National Paediatric Diabetes Audit Report Part 1: Care Processes and Outcomes**	Ensure that the retinopathy screening results available on the Welsh Clinical Portal.	Consultant Paediatrician x2	**4/1/18 –** Team form Retinopathy Screening Wales have requested access to the Twinkle system but the not available on the Welsh Clinical Portal at present.
21/04/2017	**Medical and Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (Morriston)**	Work toward the establishment of private interview spaces on wards (Discuss with the Director of Strategy). Establish a 24/7 liaison psychiatry service.	Consultant Psychiatrist Interim UMD Mental Health & Learning Disabilities	
25/09/2017	**Non-Invasive Ventilation Report 2017**	Establish 7-day respiratory service. Review Clinical Lead for NIV job plan to allocate time for audit and governance. Daily consultant review of all patients receiving acute NIV.	x3 Respiratory Consultants	**21/02/18** Morriston – Agreed that a dedicated NIV unit in Anglesey Ward is the best option. Investment needed and business plans submitted.

25/09/2017	**National Audit of Dementia**	Promote use of 'This is me' and electronic patient held records.	x3 Consultant Psychiatrist	**13/12/17** Singleton – Increased use of delirium screening as a result of teaching and increased geriatrician presence at front door.
		Promote and improve the nutritional needs of dementia patients. (E.g. attendance of carers (Johns Campaign) and provision of finger foods.)		
		Support dementia champions and increase numbers.		
27/10/2017	**National Paediatric Diabetes Audit Report 2 : Hospital Admissions and Complications**	Explore options of potentially employing a youth worker.	Consultant Paediatrician	**14/2/18 –** Educator (youth worker) post submitted for job matching.
		Extend implementation of SEREN outside of POW.		
15/11/2017	**National Confidential Inquiry into Suicide and Homicide [NCISH] by** *People with Mental Illness*	Implement dual diagnosis service.	UMD Mental Health & Learning Disabilities	
11/12/2017	**National Audit of Breast Cancer in Older Patients 1ˢᵗ Annual Report**	Review MDT pathways for breast cancer patients.	Consultant Breast Surgeon	
		Explore ways to strengthen links with the Care of the Older Person Team in the care of the frail with the breast cancer.		
26/01/2018	**National COPD Audit – Primary Care**	Review Respiratory Health Delivery Plan (25/01/18 publication) and consider ABMU priorities.	UMD Primary Care	**Initial update due April 2018** (One action completed 23/2/18)
26/01/2018	**National Emergency Laparotomy Audit (NELA)**	Explore the possibility of electronic form ED for emergency laparotomies via TOMS. Capacity to record P-POSSUM score to be enabled.		**Initial update due April 2018**

		Provide case reports to relevant individual consultants. Report quarterly to unit level Quality & Safety Group.	Consultant General Surgeon	
		Explore possible establishment of a Post Anaesthetic Care Unit (PACU).		
		Participate in the 1000 Emergency Laparotomy Collaborative	Consultant Anaesthetist	
		Review sustainability of new (Jan 18) on-call consultant rota to have 2 on-call. One to cover 'front-door and ambulatory clinic and one to run CEPOD list.		
		Timely geriatrician review of emergency laparotomy patients to be included in Elderly Care Improvement work.	AMD Consultant General Surgeon	**23/02/18** – Consultant General Surgeon & AMD working towards the appointment of Surgical Liaison geriatrician.
		Review case ascertainment of patients receiving emergency laparotomies to and relating data. .	Head of Information Services	
27/02/2018	**The National Joint Registry Annual Report (Morriston)**	Encourage surgeons to access their own performance data on the registry. (e.g Form part of appraisal discussions)		**Initial update due May 2018**
		Explore how patient consent is obtained for inclusion on to registry and adapt process to provide assurance.	Consultant Orthopaedic Surgeon	
		Apply for a clinical code to be generated for patellofemoral replacement procedure.		

		Explore ways of eliminating the manual input of data where possible. Such as through use of the TOMS Module.	Product Specialist, Informatics	
		Liaise with information analyst/coding to narrow down backlog cases that require review before being added to registry.	Information Delivery Manager	
27/02/2018	**The National Joint Registry Annual Report (POWH)**	A list of the NJR unmatched patients to be shared with Information Delivery Manager to ascertain if there is a coding issue.	Consultant Orthopaedic Surgeon	**Initial update due May 2018**
		Encourage surgeons to access their own performance data on the registry. (e.g Form part of appraisal discussions)		
		Explore ways of eliminating the manual input of data where possible. Such as through use of the TOMS Module.	Product Specialist, Informatics	
27/02/2018	**National Vascular Registry Annual Report**	Explore ways of improving surgical patient pathway.		**Initial update due May 2018**
		Continue planning and introduction of community PVD pathways.		
		Improve consultant presence in theatre.		
		Form links with rehabilitation and ongoing care services with a view to decreasing average LoS.		

Table of Actions Completed

Date	Report	Action Required	Job Title	Notes
21/03/2017	**National Neonatal Audit Programme 2016 Report – Singleton**	Further improve breast feeding rates at discharge at Singleton	**Consultant Paediatrician**	
		Nominate a middle-grade to champion Badgernet database; cascade training to new and existing staff (new additions to data collection every year)		
		ROP screening and culture information to be mandatory		
		Implement consultant rota for neonatal unit – consultant cover now available every morning		
		Increase data entry for 2 year developmental outcomes		
		Improve thermal care of preterm infants at both units		
		Further reduction of central line associated bloodstream infections (CLABSI)		
21/03/2017	**National Neonatal Audit Programme 2016 Report – POW**	Improve consultant participation with – checking input, discharge summaries etc.	**Consultant Paediatrician**	No funding for data manager at present.
		Nominate a middle-grade to champion Badgernet; cascade training to new and existing staff (new additions to data collection every year)		
		Regular data quality checks and feedback.		
		Research possibility of appointing a data		

Date	Audit	Recommendations	Lead	
		manager.		
21/03/2017	**National Diabetes Inpatient Audit England And Wales 2016**	Continue the THINKGLUCOSE initiative.	**Professor, Diabetes**	
		Plan to increase the numbers of diabetes nurse specialists, dieticians & podiatrists.		
		Liaise with primary care care/podiatry services regarding diabetic foot care.		
		Discuss job plans with clinical lead to allocate dedicated time for audit activity.		
		Seriously consider the introduction of diabetes in-patient teams.		
		Increase diabetes consultant numbers.		
21/03/2017	**National Paediatric Diabetes Audit Report Part 1: Care Processes and Outcomes**	Formulate Structured Education in conjunction with the SEREN project.	**Consultant Paediatrician x2**	
		Explore the possibilities of appointing a dietician for the service.		
		Explore and expand upon the role of the recently appointed psychologist.		
21/04/2017	**National Diabetes Audit Core Report 1: Care Processes and Treatments**	Improve audit participation to 100%	**General Practitioner** **Professor, Diabetes**	
		Improve achievement of all 8 care bundles in diabetes type 1 patients.		
		Explore how best to free up resources to fund community and hospital Diabetes Specialist Nurses		
		Improve patient uptake of structured education programs(tasters, evening & weekend sessions) and promote use of PocketMedic		

21/04/2017	**National Diabetes Audit: Foot Care Report**	Link in with NWIS via ABM Informatics regarding funding for development of an e-form	**Podiatry & Orthotics Manager** **Informatics Programme Manager**	
		Develop inpatient hospital podiatry service.	**Deputy Head of Podiatry** **Podiatry & Orthotics Manager**	
		Utilise Patient Knows Best accounts to encourage patient education.		
		Utilise the iPads provided to primary care practitioners to improve communication between primary and secondary care services.		
		Discuss establishment of diabetic foot care as part of nurse competency training at nursing forums.	**Senior Nurse for Safety & Quality**	
21/04/2017	**Medical and Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (Morriston)**	Continue working toward Psychiatric Liaison Accreditation Network accreditation.	**Consultant Psychiatrist**	
21/04/2017	**Medical and Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (POW)**	Triage all liaison referrals.	**Locum Consultant Psychiatrist**	
		Standardise and introduce Mental Health Liaison Psychiatry Referral Form.		

25/09/2017	**National Audit of Dementia**	Improve assessment and recording of delirium.	**X3 Consultant Psychiatrist**	
27/10/2017	**National Paediatric Diabetes Audit Report 2 : Hospital Admissions and Complications**	Liaise with UMD for Primary Care to discuss new ABMU Educator/Youth worker post.		
15/11/2017	**National Confidential Inquiry into Suicide and Homicide [NCISH] by *People with Mental Illness***	Further Development of Services for Personality Disordered patients Develop Audit Programme	**UMD Mental Health & Learning Disabilities**	
26/01/2018	**National COPD Audit – Primary Care**	Create a job plan for a 6th Respiratory Consultant at Morriston. Include capacity to contribute toward early supported discharge initiative and pulmonary rehabilitation.	**UMD Primary Care**	

Outstanding Assurance Proformas as at 21st March 2018

Delivery Unit	Outstanding proformas
Mental Health & Learning Disabilities	• National Confidential Inquiry into Suicide and Homicide by People with Mental Illness; Safer Care for Patients with Personality Disorder (Part A)
Morriston	• Fall and Fragility Fractures Audit Programme: Fracture Liaison Service Database Report 2017 (Parts A)
Princess of Wales	• National Maternity and Perinatal Audit Clinical Report (Parts A & B) • National Prostate Cancer Audit (Parts A & B) • National Lung Cancer Audit (Part A) • National Emergency Laparotomy Audit (Part B) • Fall and Fragility Fractures Audi Programme: Fracture Liaison Service Database Report 2017 (Parts A)
Singleton	• National Maternity and Perinatal Audit Clinical Report (Parts A & B) • Fall and Fragility Fractures Audi Programme: Fracture Liaison Service Database Report 2017 (Parts A)