AGENDA ITEM
2.2.4

AUDIT & RISK COMMITTEE

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB) NATIONAL CLINICAL AUDIT PROGRAMME UPDATE 2021-2022

Date of meeting	28/04/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Townsend - Head of Clinical Audit and Quality Informatics & Natalie Morgan-Thomas Deputy Head & Lead Nurse for Clinical Effectiveness
Presented by	Dr Dom Hurford – Interim Medical Director
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Executive Leadership Group	07/03/2022	NOTED

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
NICE	National Institute for Health and Care Excellence
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
ILG	Integrated Locality Group
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
PoWH	Princess of Wales Hospital

DNA	Did not attend
WTE	Whole time equivalents
NMC	Nursing and Midwifery Council

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide an update for the Audit & Risk Committee on progress against the CTMUHB Clinical Audit Forward Plan 2021-2022. The report will also provide an update on adoption of NICE guidelines and standards and the impact of Covid19 on delivery of the CTMUHB Clinical Audit Forward Plan 2021-2022 (See national audit plan 2021-22 compliance position at **Appendix 1**).

1.2 **30** out of 37 national audits and clinical outcome reviews (tier 1) are green fully compliant and **6** amber where the audits are delayed, a backlog exists but a plan is in place to comply with the national audit deadline. **1** clinical outcome review is red because the deadline has passed, and we were only able to achieve limited participation (NCEPOD - Physical Healthcare of Inpatients in Mental Health Hospitals).

1.3 **2** out of 6 organisation priority (tier 2) audits are green fully compliant and **3** amber where the audits are delayed, a backlog exists but a plan is in place to comply with the audit deadline. **1** audit is red as the deadlines have been passed due to a clinical audit resources issue (Tracheostomy Care Audit).

1.4 A planned reduction in the Clinical Audit overall budget allocation 2022-23 by approximately **£70k** will mean a need to focus on tier 1 priority national audits, implement a reduced programme of tier 2 organisation priority audits for 2022-23 and require ILGs to take responsibility for all NICE compliance monitoring activities, planned to be managed centrally.

1.5 Following the successful deployment of the AMaT ward and area module in Maternity in 2021-22. It was agreed in April 2021, to extend the rollout to all Nurse Staffing Act (NSA) wards. The system has to date been rolled out successfully across the A&E department, acute medical and surgical wards and children's wards in PCH. This was achieved with the use of a short-term resource that will cease on the 11 March 2022.

The planned extension of the rollout for NSA ward in RGH and the PoWH by the end of March 2022 has been put on hold pending the outcome of the organisations financial review for 2022-23, where the required implementation resource has been identified as an unavoidable cost pressure.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Clinical Audit Forward Plan 2021-2022 Current Position

30 out of 37 national audits and clinical outcome reviews (tier 1) are green fully compliant and 6 amber where the audits are delayed, a backlog exists but a plan is in place to comply with the national audit deadline. 1 clinical outcome review is red because the deadline has passed and we were only able to achieve limited participation (NCEPOD - Physical Healthcare of Inpatients in Mental Health Hospitals).

The current focus for the audit team in quarter 4, 2021-2022 is to work with the clinical teams to comply with national audits and ensure completion of the CTMUHB Clinical Audit Forward Plan 2021-2022, by the end of March 2022. (See **appendix 1** for full national audit compliance position)

Welsh Government have advised that the current National COVID Audit round for 2021-22, will be the last COVID audit conducted.

2.2 Key clinical audit publications, findings and actions

National Paediatric Diabetes Audit (NPDA) Annual report 2019-20 (Published in June 2021), this covers the health checks and outcomes for children and young people with diabetes who have attended PDUs (paediatric diabetes units) from 1 April 2019 to 31 March 2020.

Findings

There were a number of positive findings that included establishment of CTMUHB Diabetes Team to restructure service and standardise care across all three sites; participation in Diabetes QI project by the Royal College of Paediatrics and Child Health (RCPCH), which has emphasised a focused on the management of newly diagnosed patients and high completion rates noted for certain care processes e.g. blood pressure, urine, retinopathy and feet checks.

Actions:

- High number of patients with levels of HbA1c >69 and this number has been increasing. (New policy in development to address this matter)
- Inability to offer 4 Consultant led clinics a year for each patient and perform 4 HbA1c measurements a year. (Lead clinician from each ILG identified who is responsible for ensuring this is completed).
- High DNA rates (A new DNA policy has been developed and implemented).
- Lack of Psychology service provision for the patient group. (Funding approved for 1WTE post to provide a psychology service for paediatrics)

The National Audit of Care at the End of Life (NACEL) is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute hospitals, community hospitals and mental health inpatient providers in England, Wales and Northern Ireland.

Round 3 of NACEL took place between April and October 2021, where members of the Palliative Care Team undertook detailed case note reviews, looking closely at the quality of care provided by clinical teams across Cwm Taf Morgannwg UHB (Acute, Community and Mental Health services) during April and May 2021.

Learning points
There were a number of key learning points identified that included:

Acute setting: Need for clear treatment plans, requirement for face-to-face Palliative Care team involvement in patient care and DNACPR documentation to include details of discussion with the patient and family members. The importance of Advanced Care Plans (ACP) developed in care homes with individuals and their family.

Community Setting: Difficult to find pertinent records, late recognition of dying phase and limited detail documented regarding discussions with family members.

Mental Health Setting: Care Decisions for Last Days of Life guidance to be used to enable individualised care.

Findings
The bespoke dashboards for NACEL Round 3 containing findings on key themes and the organisation's position against the national average are awaiting publication and the full report is due to be released to the public in July 2022. Following the publication of the bespoke dashboards and audit report local improvement activity can begin.

Clinical Audit linked to Ombudsman Review
Clinical Nurse Specialist Record keeping Audit compliance with NMC Code of Practice (UGI Cancer patients)

A retrospective clinical audit examining record keeping practice of clinical nurse specialists was carried out following recommendations from the Public Service Ombudsman for Wales.

Findings
The audit demonstrated a number of positive findings: 80% of patients had contact with the CNS at the time of their initial diagnosis, with contact recorded on CANISC in all cases. Where patients did not receive this initial contact, input from the Upper GI Cancer Navigator was given and contact details of the CNS were provided. 94% of cases had clear written

documentation that the patient understood their diagnosis. 94% of patients in the sample were referred to other specialities in a timely manner. 98% of patients received a telephone consultation with the CNS and in all cases the outcomes of consultations were recorded on record cards.

Actions:
Following the case note review recommendations were made to ensure that all CNS contact with the patient at the initial diagnosis and at follow up consultations are documented in the patient case notes or clinic letter. Improvements in the dating, timing and signing clinical entries were also proposed. To improve record keeping and communication, the CNS and Upper GI Cancer Navigator are now documenting all telephone consultations with patients / relatives on WPAS/Myrddin alongside the CNS record cards.

2.3 Key issues affecting clinical audit data inconsistencies as detailed in the *Resource Evaluation to Improve Data Quality across CTMUHB for National Clinical Audits SBAR*, approved in the December 2019, Management Board.

Development of clinical dashboard for real-time monitoring and validation of inconsistencies in patient data between systems before the data leaves the organisation.

The proposal was to increase the organisations available Qlik Sense development resources to support the development of a number of specialist Qlik Sense dashboards for the monitoring and reporting of compliance against national clinical audits that are dependent on information from operation clinical and administrative information systems.

Due to the COVID pandemic and recruitment issues the Performance and Information department were unable to recruit to this post. Therefore, it has been agreed that the funding will be utilised by the Clinical Audit and Quality Informatics department to appoint a Senior Quality Informatics Facilitator. The post holder will be responsible for developing dashboard specification, developing the Qlik Sense dashboards and training clinical staff on national audit data quality monitoring utilising the developed dashboards.

An interim appointment has been made to commence urgent development work aligned to the IMSOP requirements in March 2022 and interviews will be held in quarter 1, 2022-23 for a substantive post.

2.4 **Clinical Audit Training**
Clinical audit training is being delivered and managed by the Interim Clinical Effectiveness Manager. Workshop-based group training spread over 4 sessions is available that cover clinical audit techniques from

inception to presentation. The core topics are: Clinical audit overview; Identifying your audit criteria; Preparing an audit proforma and data collection; Analysing audit results; Preparing for presentation and sharing the findings (report writing and action planning).

Training sessions have been adapted for delivery using MS Teams in a condensed format in response to the COVID-19 restrictions, and can be tailored to the needs of clinical teams. In addition to formalised training sessions, all clinical audit staff are able to provide clinical audit advice, support and training on an ad-hoc basis.

The Interim Clinical Effectiveness Manager has also provided advice to Health Education and Improvement Wales (HIEW) in the development of their clinical audit training package.

In addition, training sessions are available across sites for clinicians on the use of Audit Management and Tracking (AMaT) system. Demonstrations are a regular feature of clinical audit meetings, to ensure that clinical staff are able to register audits and upload audit information on the new system.

2.5 Clinical Audit & NICE Monitoring System (AMaT) Implementation

With the implementation of AMaT the organisation is now able to monitor the CTMUHB Clinical Audit Forward Plan in real-time and compliance with NICE guidelines, standards and focus at present is on the ward and area audit module rollout.

In April, 2021, it was agreed to extend the rollout of the AMaT ward and area module to all Nurse Staffing Act wards and a number of additional high priority areas e.g. A&E in PCH. Significant progress has been made in the rollout of the system across PCH with the system having been deployed across the A&E department, acute medical and surgical wards and children's wards in PCH. This was achieved with the use of a short-term resource, which will cease on the 11 March 2022. The number of staff trained to use the ward and area module is 235.

The planned extension of the rollout for NSA ward in RGH and the PoWH by the end of March 2022 has been put on hold pending the outcome of the organisations financial review, as the required resource to restart the rollout identified as an unavoidable cost pressure for 2022-23. If funding is secured the programme will restart in July 2022.

2.6 NICE Compliance Programme of work

September 2021, saw the launch of the CTMUHB NICE Reference Group (NRG) that has been established to provide oversight, scrutiny and a governance function in relation to NICE guidance within CTMUHB.

The group will disseminate NICE guidance to responsible Clinical Leads, Clinical Directors and Clinical Governance Leads across CTMUHB, and receive compliance status responses from directorates, divisions regarding NICE guidance relevant to their speciality.

In addition, strong links have been forged with the lead facilitator for NICE in Wales to enhance NICE implementation across CTMUHB.

The NRG has proposed that:

- Clinical Service Groups (CSGs) identify 2 key NICE guideline priorities.
- Use the NICE baseline assessment tool to assess the CSGs priorities
- Monthly updates to be provided to the Governance, Patient Safety and ILG Directors

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Reduction in the Clinical Audit budget allocation by approximately £70k for 2022-23 will mean a need to focus on tier 1 priority national audits and a reduced programme of tier 2 organisation priority audits for 2022-23 and require ILGs to take responsibility for all NICE compliance monitoring activities.

3.2 A lack of early detection of 'outlier status' or assurance around the monitoring of NICE clinical guidance and standards and risk of failure to comply with national audit programme tier 1 targets.

3.3 The detrimental impact of poor data quality submission to national audits has a cost to organisational reputation, loss of confidence of the service users and time spent on retrospective data validation and resubmission.

3.4 A lack of reliable benchmark data can result in a failure to identify key areas for improvement as in the report on Health Boards Maternity services.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Effective Care
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new,	No (Include further detail below)
	Not required.

changed or withdrawn policies and services.	
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 That the committee **NOTE** receipt of the compliance position and mitigating action being taken to achieve compliance for the CTMUHB Clinical Audit Forward Plan for 2021-22.