



AGENDA ITEM

3.2.9

QUALITY & SAFETY COMMITTEE

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)
NATIONAL CLINICAL AUDIT PROGRAMME UPDATE 2020-2021**

Date of meeting	15/11/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Townsend – Head of CA&QI, Natalie Morgan - Thomas Deputy Head of CA&QI & Lead Nurse for Clinical Effectiveness & Lauren Dyton – Clinical Audit & Effectiveness Manager
Presented by	Dr Dom Hurford – Executive 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
		Choose an item.

ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
TARN	Trauma Audit Research Network
NHFD	National Hip Fracture Database
CA&QI	Clinical Audit & Quality Informatics Department
NACEL	National Audit for Care at the End of Life
NAIF	National Audit of Inpatient Falls



1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide an update for the Quality and Safety Committee on progress against the CTMUHB Clinical Audit Forward Plan 2022-2023 aligned to the National Clinical Audit and Outcome Review Plan for 2022/23, which is also available via the Welsh Government website: <https://gov.wales/national-clinical-audit-and-outcome-review-plan-2022-2023>, published June 2022.
- 1.2 **29** out of 35 national audits and 9 clinical outcome reviews (tier 1) are green fully compliant and **5** 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 audit is red because the deadlines has passed, and we were only able to achieve limited participation (NCEPOD Epilepsy Study).
- 1.3 The reduction in the Clinical Audit overall budget allocation for 2022-23 by approximately £100k, which resulted in the loss of the 3 substantive posts and the requirement to manage the increase in mortality activity within the constraints of the existing clinical audit budget continues to impact on the organisations compliance with the national audit programme resulting in significant backlogs developing in a number of clinical audits e.g. TARN, NHFD, Heart Failure.
- 1.4 A further reduction of organisation priority (tier 2) audits is in under review.
- 1.5 The AMaT ward and area module providing ward and community team regular monthly audit assurance is progressing. After completion of the rollout to all 25b nurse staffing act wards the focus is currently on the roll out to emergency departments Health Board wide.

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

2.1 Clinical Audit Forward Plan 2022-2023 Current Position

The NACEL end of life audit was completed successfully in September 2022, as planned. Therefore, compliance has been revised from amber to green. The Lead Nurse for Clinical Effectiveness within the Clinical Audit department completed all acute casenote reviews and medical staff from YCR undertook the community hospital reviews, due to the clinical pressures on the palliative care team, who were unable to participate.

A clinical lead remains outstanding for the COPD National audit for PCH.

The NEIAA (Arthritis) audit is amber, but good progress is being made to achieve compliance. The current focus for the audit team in quarter 3 and



4, 2022-2023 is to recover the NAIF, TARN, NHFD and Heart Failure non-compliance positions. The following actions are being taken:

- National audit target compliance reduced from 100% to 80% (minimum accepted compliance for national audits that require clinical audit staff input. This will release experienced clinical audit staff time for additional TARN sessions.
- Continue with set TARN only audit days across all 3 sites and priorities TARN cases when there is a gap in other audit compliance sessions.
- Identified a Senior Clinical Audit facilitator with a clear focus on TARN quarterly targets.
- Prioritising current TARN quarter over previous quarters where the deadline has already been missed.
- Reallocation of resources to cover NHFD
- Reviewing more timely case identification sources other than clinical coding, which has historically been a cause of national audit delays particular in relation to identification of heart failure cases.
- Overtime being offered to staff, funding permitting.
- Looking to secure additional band 3 cover to undertake basic admin tasks to release experienced band 5 clinical audit facilitator time for national audit key tasks.

Noting the above exceptions the clinical audit team are working to ensure completion of the full CTMUHB Clinical Audit Forward Plan 2022-2023, by the end of March 2023.

2.2 Key clinical audit publications, findings and actions

FFFAP - Falls & Fragility Fracture Audit - National Hip Fracture Database (NHFD) Annual Report (2021 data): Improving understanding Based on data from England and Wales, the report encompasses both 2020 and 2021 data and presents how current care 'since COVID-19' compares with the baseline of 2019 'before COVID-19'.

The report found that services have generally succeeded in getting patients out of bed by the day after surgery (81% in both 2019 and 2021) and then returning them to their original residence (71% in 2019 and 70% in 2021).

The provision of orthogeriatric assessment and screening for/prevention of postoperative delirium both temporarily deteriorated, in parallel with successive waves of the pandemic, but have since returned to baseline.

A more progressive and persistent deterioration in the promptness with which patients receive surgery, and the extent to which the operation is consistent with the recommendations of NICE was highlighted (down from 74% in 2019 to 71% in 2021).

CTM update – Findings from the report are being reviewed by the multidisciplinary team to draw up a local action plan for improvement.

Trauma and Audit Research Network (TARN)

The 4th Biennial National Severe Injury In Children Report - 2019-2020 (England & Wales)

During January 2019 to December 2020 there were 1637 severely injured (ISS > 15) children treated in England & Wales. Pedestrian injury resulting in traumatic brain injury is still the commonest cause of severe injury and mortality after the age of 1 year, Suspected Physical Abuse (SPA) being the predominant cause in the first year of life. Other types of road traffic incident and falls are also common. Despite being uncommon injury mechanisms, the highest case fatality rates were for asphyxia and drowning. This is shown in the new data on the injury mechanisms and in the breakdown of patients injured in road traffic incidents.

The number of severely injured children follows a well-known seasonal pattern (peaking during the summer) and weekly pattern (more cases occurring at weekends) and daily pattern (a small morning and larger late afternoon / evening peak). The pattern of arrival of severely injured children has not changed and still implies that staffing for paediatric trauma needs to be focussed 'out of hours' to match high rates of arrival in the evening and at weekends. There continued to be few patients arriving after midnight.

CTM update – Findings from the report are being reviewed by the multidisciplinary team to draw conclusions from the report and develop a local action plan for improvement.

- 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.

National Maternity & Perinatal Audit (NMPA) Dashboard

A clinical dashboard is currently under development and first iteration released for review in quarter 3, 2022-23 to support improved data quality



for the NMPA national audit. The dashboard includes key metric from the NMPA to identify any inaccuracies of data being recorded between the casenotes (via clinical coding data) and Maternity Information System (MITS). This will enable identification of inconsistencies in the data that can then be rectified for improved clinical outcomes and reduce the risk of the organisation being identified as an outlier due to a data quality issue.

Quality Metrics Dashboard

A quality dashboard to reflect the organisation metrics presented in the quarterly quality dashboard report to Quality and Safety Committee. This development has been delayed awaiting the establishment of the link between the new Datix system and the Health Board data warehouse. No date available when this interface will be re-established, so development on hold.

Rapid Response & Cardiac Arrest Dashboard (new development request)

A review underway to consider the development of a new dashboard based on a regular ward audit undertaken across the organisation that look at the timely and appropriate response to cardiac arrests.

2.4 Clinical Audit Training

In July 2022, a programme of bespoke clinical audit and effectiveness training for year 2 Student Nurses commenced. Student nurses spent two weeks gaining an insight into the portfolio of the Clinical Audit & Quality Informatics Department. Initial feedback has been positive.

Bespoke clinical audit training was delivered to Primary Care-based Nurse practitioners in August 2022, the afternoon covered the key principles of clinical audit and was well received by the attendees.

Examples of feedback from the session: *"It has changed my view on clinical audits, in a positive way, giving me a better understanding of clinical audits and the importance of them", "Content and delivery of the course was excellent. It met all the intended aims, objections and expectations. The clinical audit process is much clearer following the session and I now feel I understand the process more with a clear framework to follow"*.

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.

The AMaT ward and area module rollout is progressing well with a health board wide focus on Emergency department services by Christmas 2022.



Mental Health and Therapy departments currently under review for inclusion in the rollout plan for quarter 4 2022.

2.6 NICE Compliance Programme of work

The CTMUHB NICE Reference Group (NRG) established in September 2021 has been suspended due to funding issues and senior management restructuring removing the dedicated clinical lead post to support this function within the Clinical Audit and Quality Informatics department.

The assurance oversight, scrutiny and a governance function in relation to NICE guidance within CTMUHB will now remain with directorates and individual clinical leads.

A review of the Clinical Audit policy and Strategy is being undertaken to reflect this.

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

- 3.1 Reduction in the Clinical Audit budget allocation by approximately £100k for 2022-23, associated restructuring and increase in mortality review activity will mean a need to focus limited clinical audit resources on tier 1 priority national audits and a further reduced programme of tier 2 organisation priority audits for 2022-23. It will also require directorates and lead clinicians 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.
- 3.5 The quality of the clinical casenote and scanned version currently available as part of the digitization project is increasing the time to review national clinical audit documents and impacting on the audit teams ability to achieve national targets or provide assurance around the submitted data.



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 completed	Choose an item.
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 Goal	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