AGENDA ITEM
3.2.10

QUALITY & SAFETY COMMITTEE

CLINICAL AUDIT QUARTERLY REPORT

Date of meeting	19/07/2022
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
NMPA	National Maternity and Perinatal Audit
CA&QI	Clinical Audit & Quality Informatics Department
NACEL	National Audit for Care at the End of Life

NAIF	National Audit of Inpatient Falls
PCH	Prince Charles Hospital
PoWH	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital
PROMS	Patient Reported Outcome Measures

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 **28** out of 35 national audits and 9 clinical outcome reviews (tier 1) are green fully compliant and **4** amber where the audits are delayed, a backlog exists but a plan is in place to comply with the national audit deadline. **3** clinical outcome review audits are red because the deadlines have passed, and we were only able to achieve limited participation due to clinical audit resources issues (TARN, NHFD, NAIF).

1.3 A reduced programme of organisation priority (tier 2) audits is in development.

1.4 The reduction in the Clinical Audit overall budget allocation 2022-23, requirement to absorb additional Mortality Review workload since establishment of the Medical Examiner service, higher than normal sickness rates and requirement for clinical audit staff to cover operational clinical services for a prolonged period of time has resulted in significant backlogs developing in a number of clinical audits e.g. TARN, NHFD. This has led to a need to focus on tier 1 priority national audits, implement a reduced programme of tier 2 organisation priority audits for 2022-23 and requires directorates and clinical leads to take responsibility for all NICE compliance monitoring activities, planned to be managed centrally.

1.5 The AMaT ward and area module first deployed in Maternity in 2021-22 is now being rolled out Health Board wide with general surgical and medical wards in PCH and PoWH live and RGH to go live in July 2022. The Maternity Unit are the first area to benefit from the new AMaT clinical insight dashboards now available (see an example report at **appendix – 1**).

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

2.1 Welsh Government published the National clinical audit and outcome review plan 2022 to 2023 in June 2022. The plan was as expected with 2 exceptions to the CTMUHB Clinical Audit Forward Plan 2022-2023, published in March 2022. The amendments are:

- Removal of the National Diabetic Transition Audit
- Inclusion of the NCEPOD – Endometriosis clinical outcomes review, which focuses 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

2.2 **Clinical Audit Forward Plan 2022-2023 Current Position**

28 out of 35 national audits and clinical outcome reviews (tier 1) are green fully compliant and 4 amber where the audits are delayed, a backlog exists but a plan is in place to comply with the national audit deadline. 3 national audits are red because the deadlines have passed and we were only able to achieve limited participation (TARN, NHFD, NAIF).

The NACEL audit is currently in progress, but flagged as amber in terms of compliance due to limited availability of Palliative Care Team support for this year's audit due to clinical pressures. No clinicians have been identified to undertake the required 50 case note reviews for the acute setting. Therefore, this element of the audit is being picked up by the Deputy Head of CA&QI and lead Nurse for Clinical Effectiveness on an overtime basis to ensure compliance.

A clinical lead remains outstanding for the COPD National audit for PCH, a clinical lead has recently been appointed for RGH (June 2022).

The current focus for the audit team in quarter 2 and 3, 2022-2023 is to recover the TARN and NHFD 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), except TARN that requires 100% compliance. This will release experienced clinical audit staff time for additional TARN sessions
- Organise set TARN only audit days across all 3 sites and prioritise TARN cases when there is a gap in other audit compliance sessions
- Handback to directorates any historically adopted services that are not audit functions e.g. small PROMS pilot PCH
- Provide refresher training to all clinical audit facilitators so that the maximum number of staff can support TARN

- Prioritising current TARN quarter over previous quarters where the deadline has already been missed
- Train senior clinical team on data entry for other simpler national audits to release experienced audit staff to focus on TARN. This will impact on reporting priorities and day to day management of the service, so the impact will be monitored closely. (This will also address the backlog for the NHFD)
- Seeking to employ on a bank basis admin staff band 2/3 to pick up casenote pulling and support for the MR process (releasing audit facilitator time, where there is funding slippage)
- Planning a 'TARN only' week
- Overtime being offered to staff to undertake TARN cases

The Clinical Director of South Wales Trauma Network (SWTN) has endorsed the proposed plan as outlined as representing a maximal response in difficult circumstances.

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.

2.3 Key clinical audit publications, findings and actions

National Emergency Laparotomy Audit (NELA) Report (Year 7) 2019 / 20, published November 2021

The National Emergency Laparotomy Audit was started in 2013 because studies showed this is one of the most risky types of emergency operation, lives could be saved, and quality of life for survivors enhanced by measuring and improving the care delivered.

NELA aims to enable the improvement of the quality of care for patients undergoing emergency laparotomy, through the provision of high quality comparative data from all providers of emergency laparotomy

The Year 7 report published in November 2021 highlighted 5 key messages for healthcare providers to note and take action.

- High-risk patients undergoing emergency laparotomy do not consistently benefit from early recognition of acute abdominal pathology through Emergency Department (ED) triage, assessment, investigation and surgical review
- Patients with sepsis do not receive the recommended standard of care with respect to receiving antibiotic therapy and timely definitive source control through delays in surgical decision-making and arrival in theatre for emergency laparotomy. Emergency laparotomy patients must remain a priority for clinical and theatre teams at all times
- Patients undergoing emergency laparotomy do not consistently benefit from in-house consultant reporting of preoperative computerised

tomography (CT) scans. Outsourcing of radiology reporting is common with associated increases in discrepancy rates

- The care of frail, older patients remains a concern. Increased frailty is an independent marker of poor outcomes. Frail patients should be considered high-risk regardless of risk score. Despite this, consistent geriatrician input at hospital level remains variable but generally poor, with many older frail patients missing out on the care and expertise of geriatric and frailty teams
- A small proportion of patients have a 'negative' emergency laparotomy which has no benefit to their treatment or diagnosis. These patients may have undergone unnecessary major surgery. The detrimental effect on all aspects of these patient's lives may be significant, and they have a high 30-day mortality at 13.7%

NELA leads from across Cwm Taf Morgannwg have conducted a review of the Year 7 NELA data to emphasise both areas of good practice and areas requiring further improvement and funding.

Positive findings

- Post-operative critical care was maintained at levels comparable with the national average during this period, which included the peak of the COVID-19 pandemic.
- Risk adjust mortality rates were below the national average for Prince Charles Hospital and Princess of Wales Hospital, and comparable to the national average for Royal Glamorgan Hospital.

Concerns

- Timely administration of antibiotics.
- Lack of perioperative assessment by a consultant geriatrician for patients aged 80 and over or frail patients aged 65 years and over.

Recommendations

- The need for geriatric support in the management of frail and elderly surgical patients was a consistent message from across the acute hospital sites.
- A specialist emergency surgery nurse specialist to manage patients through the perioperative period was deemed necessary (Prince Charles Hospital).
- A lead clinician within the Emergency Department to support the initial management of emergency laparotomy patients was put forward to enhance care at the Princess of Wales Hospital.
- Electronic booking system for emergency surgery theatre lists also proposed for the Princess of Wales Hospital.

Action Plan

- At Royal Glamorgan Hospital NELA leads are undertaking further auditing to identify potential delays in the pre-operative patient journey.
- Leads at Princess of Wales Hospital will be conducting a review of emergency laparotomy data from 2015 to date.
- Leads at Prince Charles Hospital will be reminding staff of the NELA standards and encouraging compliance.

NELA Lead clinicians across all 3 sites are currently formalising detailed action plans to address the local findings.

NMPA Clinical report 2022 National Maternity and Perinatal Audit (NMPA), published June 2022

National Maternity and Perinatal Audit: Clinical report 2022 – HQIP

The latest NMPA report captures 89% of eligible births, finding that one third of women and birthing people with singleton pregnancies at term underwent an induction of labour. Other key national findings include:

- Of those experiencing an instrumental birth by forceps, as many as 1 in 20 did so without an episiotomy; of these, 31% experienced a third- or fourth-degree tear.
- Of those opting for a vaginal birth after a previous caesarean birth, the proportion who went on to experience a vaginal birth was 61% (over 10 percentage points lower than that in national guidance, namely 72–75%).
- Around half of babies born small for gestational age (SGA) were born after their due date. This is in contrast to national guidance recommending earlier induction be offered if there are concerns about a baby being small.

CTM update – The CTM findings have been received and are under scrutiny by the Obstetrics & Gynaecology Department and will be presented at the forthcoming clinical audit meeting for information and to commence the local action planning process.

National Paediatric Diabetes Audit (NPDA), published April 2022.

National Paediatric Diabetes Audit Annual Report 2020/21 – HQIP

3,662 children and young people newly diagnosed with Type 1 diabetes received care from paediatric diabetes units in 2020/21 - 789 more than the average number newly diagnosed and being managed in a PDU between 2013/14-2019/20.

The latest NPDA annual report found the incidence of Type 1 diabetes increased significantly in 2020/21 amongst those aged 0-15, from 25.6 new cases per 100,000 in 2019/20 to 30.9 in 2020/21 – an increase of 20.7%. Other key national findings include:

- The number of children and young people with Type 2 diabetes being managed within a PDU increased from 866 in 2019/20 to 973 in 2020/21, with the numbers diagnosed within the audit year having increased from 201 in 2019/20 to 230 in 2020/21.
- An increase in the use of real time continuous glucose monitors (rtCGM) from 19.4% in 2019/20 to 27.9% in 2020/21 was found, with increases observed across all deprivation quintiles and ethnic groups.
- The impact of the COVID-19 pandemic on paediatric diabetes care can be seen in lower completion rates of all recommended health checks and the smaller percentage of children and young people starting insulin pump therapy if diagnosed in 2020/21, compared to previous years.

CTM update - the Paediatric Diabetes multidisciplinary teams to look at the themes and trends from the report, benchmark current practice and formulate a locally-agreed action plan.

National Confidential Inquiry into Suicide and Safety in Mental Health, published April 2022. National Confidential Inquiry into Suicide and Safety in Mental Health: Annual report – HQIP

5,218 patients died by suicide in acute care settings, including in-patients (6%), post-discharge care (15%) and crisis resolution/home treatment (14%)

The NCISH annual report found that there were 66,991 suicides in the general population, an average of 6,090 deaths per year (an increase of 8% in 2018-19 compared to 2017). 18,268 were suicide deaths by patients (i.e. people in contact with mental health services within 12 months of suicide), an average of 1,661 deaths per year. Other key findings include:

- The majority of patients who died had a history of self-harm (64%) and there were high proportions of those with alcohol (47%) and drug (37%) misuse, and comorbidity i.e. more than one mental health diagnosis (53%).
- There were 1,093 suicides in the general population by people aged under 18, an average of 99 deaths per year. The number increased over the report period, mainly driven by an increase in girls aged 16 and boys aged 17, and by a rise in deaths by hanging/strangulation in the under 18s.

CTM update – report findings are to be reviewed by the Mental Health Clinical Audit lead and a multidisciplinary group established to develop the local action plan.

2.4 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. An interim appointment was made to commence urgent development work aligned to the IMSOP requirements in March 2022 and interviews will be held in quarter 2, 2022-23 for a substantive post.

A clinical dashboard is currently under development and first iteration due for review in quarter 3, 2022-23 to support improved data quality for the NMPA national audit.

2.5 **Clinical Audit Training**

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 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 adhoc basis.

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.

Programme of bespoke clinical audit and effectiveness training developed in conjunction with Practice Facilitators for Year 2 Student Nurses, whereby student nurses will spend two weeks gaining an insight into the portfolio of the Clinical Audit Department. It will cover clinical audit training, an overview of national clinical audits, mortality review,

management and interpretation of dashboards, the Nurse Staffing Act for Wales and patient acuity and ward-based auditing. Students will obtain a holistic view of clinical audit and effectiveness during this period which will also include developing and reviewing activity and reporting to board. The first cohort is due on Monday 4th July 2022.

2.6 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.

The planned extension of the rollout for NSA ward in RGH and the PoWH by the end of March 2022 was put on hold pending the outcome of the organisations financial review, but with support from the nursing unit the rollout has been recommenced and implementation will restart in July 2022, organisation wide.

2.7 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 £70k 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.

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, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
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 2022-23.

Insight overview

Generated on 29th June 2022

Filters:

- Division: Women, Children and Young People
- Business unit: Women's Services
- Audits: Armband spot check audit, Continuity of Care audit, Controlled drug medicines and storage audit, Environmental audit, Hand hygiene and bare below the elbow audit, Infection Prevention & Control audit, ISH/Gynae Notes Audit, Medication administration bedside audit (v1.0), Midwifery Community Bag audit, Multidisciplinary handover assurance audit, Peer spot check assurance audit, POINT REVIEW: COSHH Audit (V.1 Maternity), POINT REVIEW: Fire Safety Management Audit, POINT REVIEW: Presentation (uniform) audit, Preterm NEWTT Chart Audit, PROMPT Wales Emergency Box Audit, PROMPT Wales Station and Resource Audit, Supplementation Audit (v1.0), Transfer Audit, Urinary catheter bundle compliance audit

Project overview

Project	Number of audits	Current compliance	Improvement	Overdue actions
Health & Safety	2	98.1%	▲	5
Health and Care Standards	2	98.9%	▼	2
Infection Control	3	96.5%	▶	2
Medicines Management	2	98.9%	▶	0
Patient Safety	11	86.4%	▲	4

Generated with AMaT

Insight overview

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Audit overview

Audit	Frequency	Compliance over last 6 periods						Current	Improvement	Overdue actions
POINT REVIEW: COSHH Audit (V.1 Maternity)	M	75.0%	77.7%	91.4%	91.6%	82.2%	92.1%	96.7%	▲	4
POINT REVIEW: Fire Safety Management Audit	M	98.6%	98.3%	97.4%	97.9%	99.0%	98.2%	99.0%	➤	1
POINT REVIEW: Presentation (uniform) audit	M	98.8%	99.6%	99.0%	98.6%	98.3%	98.3%	98.9%	▼	0
Supplementation Audit (v1.0)	M	100.0%	32.1%	57.4%	49.1%	67.6%	30.8%	100.0%	▼	2
Hand hygiene and bare below the elbow audit	M	100.0%	98.8%	99.4%	99.6%	99.6%	98.3%	99.5%	➤	0
Infection Prevention & Control audit	M	95.6%	94.3%	92.8%	96.9%	95.0%	96.7%	94.4%	▲	2
Urinary catheter bundle compliance audit	M	100.0%	88.9%	87.2%	83.7%	100.0%	57.1%	93.3%	▼	0
Controlled drug medicines and storage audit	M	99.4%	97.7%	98.2%	98.3%	98.2%	99.5%	98.8%	➤	0
Medication administration bedside audit (v1.0)	Q	N/A	N/A	N/A	95.3%	100.0%	100.0%	100.0%	▲	
Multidisciplinary handover assurance audit	W	Nil	94.4%	100.0%	Nil	Nil	100.0%		▲	0

Generated with AMaT

Insight overview

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Audit	Frequency	Compliance over last 6 periods						Current	Improvement	Overdue actions
Armband spot check audit	M	93.3%	90.3%	89.6%	98.9%	97.7%	93.0%	92.5%	▲	2
Continuity of Care audit	M	63.2%	65.0%	76.8%	68.0%	76.6%	77.2%	65.4%	▲	0
Environmental audit	M	96.8%	93.5%	94.7%	96.8%	98.2%	96.7%	96.7%	▲	1
ISH/Gynae Notes Audit	M	83.4%	80.1%	77.3%	90.5%	90.1%	89.5%	83.7%	▲	0
Peer spot check assurance audit	M	100.0%	98.5%	97.1%	95.7%	98.5%	96.4%	100.0%	▼	1
Preterm NEWTT Chart Audit	M	N/A	N/A	N/A	100.0%	100.0%	100.0%	100.0%	➤	
PROMPT Wales Emergency Box Audit	M	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	➤	
PROMPT Wales Station and Resource Audit	M	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	➤	
Transfer Audit	M	85.0%	75.0%	100.0%	89.3%	96.9%	93.8%	100.0%	▲	
Midwifery Community Bag audit	A	N/A	N/A	N/A	N/A	N/A	94.5%	93.8%	N/A	0

Licensed with AMaT

Insight overview