



**AGENDA ITEM**

2.2.6

**AUDIT & RISK COMMITTEE**

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)  
NATIONAL CLINICAL AUDIT PROGRAMME UPDATE 2022-2023**

<b>Date of meeting</b>	19/04/2023
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Mark Townsend – Head of CA&QI, Natalie Morgan - Thomas Deputy Head of CA&QI & Lead Nurse for Clinical Effectiveness & Lauren Dyton – Clinical Audit Manager
<b>Presented by</b>	Dr Dom Hurford – Executive Medical Director
<b>Approving Executive Sponsor</b>	Executive Medical Director
<b>Report purpose</b>	FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Quality & Safety Committee	16/03/2023	NOTED

**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
NJR	National Joint Registry



PoWH	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
NEIAA	National Early Inflammatory Arthritis Audit
NICE	National Institute of Clinical Excellence
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
COPD	Chronic Obstructive Pulmonary Disease
PEDW	Patient Episode Dataset for Wales
HQIP	Healthcare Quality Improvement Partnership

## 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 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 DNACPR Tier 2 organisation priority audit has been completed, but all other planned tier 2 audits have been delayed due to a lack of available clinical audit resources diverted to underpin the prioritised COVID Mortality Review cases. The postponed tier 2 audits are currently under review for completion in 2023/24.
- 1.4 The AMaT ward and area module continues to develop with work in progress to include, the mental health unit and operating theatre department audits.

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

### 2.1 Clinical Audit Forward Plan 2022-2023 Current Position

The Royal College of Physicians acknowledged the HB data collection and entry performance for the national COPD audit, with 82% case ascertainment an improvement from 59% pre-Covid (% between number



of cases submitted compared to those reported to PEDW). Based on the organisation's significant achievement in improving case ascertainment compliance a case study has been submitted for inclusion in the Royal College of Physicians good practice repository, to share the learning across England and Wales, so that hospitals can use the steps taken to make improvements in their services.

Following release of the preliminary findings from the NACEL audit a potential outlier alert status was received, following a review of the identified data quality issues this has now been revised prior to publication of the report noting the organisation is no longer an outlier and therefore has no case to answer.

A clinical lead remains outstanding for the COPD National audit for PCH and a Health Board lead for the National Audit of Dementia (Round 5).

The NHFD amber compliance position for quarter 2, 2022/23 has been revised to green following considerable efforts from staff with overtime and the filling of a staff vacancy.

NJR is compliant for RGH and PCH, but amber compliance position reported for the PoWH due to clinical pressures and concerns that the end of February 2023 submission deadline would not be met, by the directorate. Therefore, the clinical audit department has agreed to commission overtime to maintain the HB Quality Data Provider status for this national audit activity put in place to provide a UK wide implantable medical device registry. The directorate is now looking at support arrangements to ensure full compliance for 2023. For PoWH this audit remains amber.

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 and Heart Failure non-compliance positions.

The following actions are being taken:

- Out to interview for Senior Clinical Audit Facilitator with responsibility for TARN, NHFD and NAIF.
- Commissioning overtime for staff to reduce backlogs, funding permitting.

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

### **National Early Inflammatory Arthritis Audit (NEIAA) Year 4 annual report**

Based on data from 11,722 patients seen in England and Wales between 1 April 2021 and 31 March 2022.

The latest NEIAA annual report provides information on national and regional performance against seven key metrics of care and on outcomes. It found the first review by a specialist was achieved within three weeks of referral for 42% of patients (vs 48% in year two). Other key findings include:

- Conventional disease modifying anti-rheumatic drug (cDMARD) treatment delays remain stable with initiation within six weeks of referral in 65% of patients (vs 64% in year two).
- Early arthritis clinics were available in 76% of departments (vs 77% in year two).
- That disease remission was achieved in 34% of patients by three months after diagnosis (vs 37% in year two).

CTM Update – Findings from the report and NEIAA dashboards are being reviewed by the Rheumatology multidisciplinary team. Where required, a local improvement action plan will be developed.

### **Maternal, Newborn and Infant Clinical Outcome Review Programme: Saving Lives, Improving Mothers' Care Report 2022**

The Maternal, Newborn and Infant Clinical Outcome Review Programme has published its ninth MBRRACE-UK annual report of the Confidential Enquiry into Maternal Deaths and Morbidity, which includes surveillance data on 536 women who died during or up to one year after pregnancy between 2018 and 2020 in the UK. It also includes Confidential Enquiries into the care of women who died between 2018 and 2020 in the UK and Ireland from cardiovascular causes, hypertensive disorders, early pregnancy disorders and accidents and the care of women who died from mental-health related causes in 2020, and a Morbidity Confidential Enquiry into the care of 61 women with diabetic ketoacidosis in pregnancy.

CTM Update – The Clinical Audit Department is engaging with Maternity services to review the report findings and facilitate local action planning activity.

#### **2.3 Clinical Audit Training**

Bespoke clinical audit and effectiveness training was delivered to Pharmacy trainees and technicians from across the HB, designed to meet the needs of the staff and provide practical advice and resources to support good quality clinical audits.

Clinical Audit and AMaT training was also delivered to trainee doctors as part of the post graduate teaching programme. Feedback from the session was positive with attendees rating the overall standard of the session either 'good' or 'excellent'.



## 2.4 **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 Mental Health and Theatre departments. Due to increasing service demands for support and rollout of this module work is ongoing to ensure suitable resources are in place for the long term management and support of this module.

## 2.5 **NICE Compliance Programme of work**

The CTMUHB NICE Reference Group (NRG) established in September 2021 and the centralised monitoring has currently been on hold whilst the team are focussing on other high priority areas.

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.

## 2.6 **CTMUHB Clinical Audit Forward Plan 2023-24**

Welsh Health Circular and NHS Wales National Clinical Audit and Outcome Review Plan is due to be published in June 2023. The CTMUHB Clinical Audit Forward Plan has been developed based on the HQIP audit directory, but may need to be updated following the final release of the Welsh Health Circular by Welsh Government (WG) in June 2023. The CTMUHB Clinical Audit Forward Plan 2023-24 has been attached at Appendix 1.

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

- 3.1 Identifying appropriate colleagues to be involved in National tier 1 Audits has been challenging due to other commitments and availability of teams. SPA allocated time is being addressed in the recently approved Consultant SPA paper.
- 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.



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Effective Care If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	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.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	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.